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ABSTRACT

This guide is intended to provide parents, administrators and service providers in Iowa with information needed to access and implement early childhood special education (ECSE) programs and services for children with disabilities from birth through age five. Section 1 provides an overview of ECSE in Iowa, including the program rationale, program goals, dimensions of effective ECSE programs, federal and state legislation, and the population served. Section 2 is on ECSE instructional programs and support services. Least restrictive environment considerations for ECSE, ECSE instructional delivery systems, and related services and support services are covered. The third section summarizes the problem solving approach and the identification component of the ECSE service delivery process. Next, administrative issues are addressed, with discussion of early childhood special education personnel, family involvement in early childhood special education, interagency collaboration, and program review. The final section examines legal issues concerned with scheduling, transportation, immunization, child abuse reporting, ECSE funding, contracting with a community-based center to provide services, the Americans with Disabilities Act and its relationship to ECSE programs, and requesting a special education hearing. (Contains 49 references.) (DB)

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Iowa
Early Childhood
Special Education Handbook

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Thanks to the many individuals who assisted with the development of this publication through writing, editing and providing input.

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Preface

Iowa has exemplary special education services for children ages birth through age 21 with disabilities. This comprehensive system was made possible, in part, by state legislation passed in 1974. Iowa joined only four other states which mandated special education services for children from birth. In addition to the legislative mandate, the Bureau of Special Education, Department of Education declared infants, toddlers and preschoolers as the largest unserved population requiring special education and designated this group as first priority for use of the Education of the Handicapped Act (EHA) P.L. 94-142, Part B funds. Through passage of the legislation and the allocation of federal funds to serve this population, policymakers laid the foundation for one of the most cost efficient and comprehensive early childhood special education systems in the nation.

The fifteen Area Education Agencies(AEAs) have been key in implementing the intent of both federal and state laws. The AEAs have personnel funded through federal and state funds which provide both instructional and support or related special education services to children below the age of six. Local education agencies typically provide center based instructional programs through use of state and local school aid formulas for special education weighting.

In 1986, P.L. 99-457, Section 619 was passed which mandated that all states have special education services for children from the age of three by 1991. Part H of P.L. 99-457 outlined a state discretionary collaborative system of early intervention services for children with disabilities from birth through age two and their families. Iowa's participation in Part H has enabled the state to broaden the scope of coordinated health, education and human services available for eligible infants and toddlers and their families. The Department of Education serves as the lead agency for Part H and is assisted by an advisory council, the Iowa Council for Early Intervention Services (ICEIS).

The Early Childhood Special Education Handbook is intended to guide parents, administrators and service providers with general information needed to access and implement special education programs and services for children from birth through age five. Your feedback to the ECSE Technical Assistance Network within the Bureau of Special Education regarding areas needing clarification within this document will be very helpful for future revisions.

This document is dedicated to those who have worked deligently to make the best decisions possible on behalf of young children and their families.

Joan Turner Clary, Consultant
Early Childhood Special Education
January 1997

Early Childhood Special Education In Iowa

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Recognizing the importance of early intervention for young children with disabilities, Iowa has accepted a leadership role in the provision of a comprehensive system of services for children who require special education. The State of Iowa provides free, appropriate special education and related services to children with disabilities from birth through twenty-one years of age. Statewide comprehensive special education programs and services for young children with disabilities and their families are in place within each of the Special Education Divisions of the 15 Area Education Agencies (AEAs) that encompass the state and provide numerous early childhood special education instructional and related services on behalf of local districts.

Each AEA maintains an early childhood special education (ECSE) component within the Special Education Division that has responsibility for child find, screening, assessment, evaluation, staffings, programs and services, periodic and annual reviews and monitoring for children with disabilities below the age of six. The home instruction teachers and related services personnel who primarily serve the birth through age two children are included within the AEA early childhood special education units. Center-based programs are primarily provided by local education agencies. Programs in Iowa have been designed and are implemented using a rationale based on research and tenets of best practice in early childhood special education.

✦ RATIONALE FOR THE IMPORTANCE OF EARLY CHILDHOOD SPECIAL EDUCATION

The early years encompass the period when educators can have the greatest impact upon a child and can reduce the potential effects of handicapping or adverse environmental conditions upon a child. Early intervention is critical for the maximum growth and development of high-risk children and young children with disabilities. Quality early educational experiences can markedly mitigate, ameliorate, or compensate for the impact of developmental delays and disabilities.

Reasons for providing early childhood special education include the following:

- Intelligence and other human capabilities are not fixed but are malleable as a result of learning and environmental influences (Skeels & Dye, 1966);

- The early years represent a time of unprecedented growth and development when skills are acquired that provide the foundation for all subsequent learning (Bloom, 1964);

- The sooner children with disabilities and high-risk children are recognized, the greater are the chances that the negative impact of the disability can be minimized or ameliorated (Anastasiow & Nucci, 1994; Schweinhart, Barnes, & Weikart, 1993; Shonkoff, Hauser-Cram, Krauss, & Upshure, 1988);

- Disabilities can interfere with a young child's ability to engage in important daily experiences that foster skill acquisition and result in increased severity and the development of secondary conditions. Early education programs can reduce these difficulties by bringing experiences to children that otherwise might be missed, and by providing the special training to help children progress through a normal developmental process (Farran, 1990; Shonkoff, Hauser-Cram, Krauss, & Upshure, 1992; Wolery, Strain, & Bailey, 1992);

- ECSE can produce behavior changes in children including accelerated rates of development, acquisition of new behaviors, and increased independent functioning (Schweinhart & Weikert, 1993; Shonkoff, Hauser-Cram, Krauss, & Upshure, 1992);

- Early intervention programs do make a difference in the developmental status of young children and can reduce the need for later, more intensive special education services (Anastasiow & Nucci, 1994; Schweinhart, Barnes, & Weikart, 1993; Shonkoff, Hauser-Cram, Krauss, & Upshure, 1988);

- Early intervention programs have economic benefits in that expenditures for preventative measures with young children can reduce the need for more costly, remedial programs during their school and adult years (Schweinhart, Barnes, & Weikart, 1993).

✦ GOALS OF ECSE PROGRAMS

Iowa's statewide goal for early childhood special education is two fold:

1. The first part is to maintain a quality, statewide, comprehensive system of special education programs and services for children with disabilities from birth through five years of age;

2. The second part of the statewide goal is to continue to improve the educational system to the greatest extent possible as needs are identified and resources are available.

Iowa has a comprehensive, coordinated system in place to serve children with disabilities from birth to twenty-one who have been identified as eligible for special education services. The State continues to refine and improve its existing service system.

In addition to Iowa's statewide goals, ECSE programs exhibit general program goals as well as individual goals for the children participating in the programs. Although children's individual goals take precedence, the general goals apply to nearly all young children with disabilities. Bailey & Wolery (1992) have identified the following general goals of early education programs for young children with disabilities:

- ❖ To facilitate children's development;
- ❖ To support the achievement of family goals;
- ❖ To promote active engagement in learning, independent functioning, and mastery of their environment;
- ❖ To advance children's social development;
- ❖ To increase children's generalized application of skills;
- ❖ To prepare children for participation in their community;
- ❖ To prevent the emergence of additional problems or disabilities.

✦ DIMENSIONS OF EFFECTIVE ECSE PROGRAMS

Early childhood is recognized as a unique phase in children's development. Quality ECSE programs reflect the following six dimensions.

1. Significance of families. Traditionally, special education programs for older children focus intervention efforts upon the child. ECSE recognizes the influence of the family upon the child's development and the necessity of forming partnerships with the family in order to provide effective intervention services for young children with disabilities.

2. Role of developmentally appropriate and individually appropriate practice. Individualizing of education for children with disabilities is a fundamental premise of special education and is legally mandated in federal legislation (Atwater, Carta, Schwartz, & McConnell, 1994). In addition, ECSE identifies the need for intervention experiences that reflect the developmental level of the child.

3. Preference for service delivery in community-based inclusive settings. Early intervention services must be provided in the child's natural environment. For young children with disabilities this may be the child's home, a community-based early childhood center, or other community settings in which children without disabilities participate.

4. Collaborative teams. Collaboration in ECSE is required in two areas. Professionals must work in concert with each other to ensure continuity and effectiveness of the intervention services. Parents and professionals must collaborate to ensure effective identification and implementation of program goals.

5. Coordinated delivery of services. A variety of professionals may be necessary to meet the needs of young children with disabilities. Interagency collaboration reduces the possibility of duplication of services and facilitates continuity in the services received by children and their families.

6. Importance of culturally competent professional actions. Increased diversity is present in today's early education programs. Cultural appropriateness must be a primary consideration in determining appropriate assessment and experiences for children.

E C S E H A N D B O O K

Quality ECSE programs should:

- Provide a well-defined program model and philosophy with staff commitment to the approach being implemented
- Provide high adult-to-child ratio (1 adult to 4-5 children)
- Provide extensive and cooperative planning for instruction
- Provide high level of family involvement
- Offer support services to families
- Provide interdisciplinary involvement and interagency coordination
- Identify children with disabilities as early as possible
- Provide a team approach with identified team operating procedures and specifically identified roles of individual team members
- Maintain certified and highly trained staffed with experience in ECSE
- Serve children with disabilities in an educational setting that is least restrictive to his/her early life and yet provides adequately for the child's educational needs.
- Provide individualized instructional objectives with continuous evaluation and revision when necessary
- Provide a curriculum that is both developmentally sound and individualized
- Provide instruction that is based on functional skills, activities and materials
- Provide strong emphasis on language development
- Provide positive reinforcement and effective use of principles of behavior management, task analysis and modeling
- Provide a staff development program that is based on program and staff needs
- Provide continuous program evaluation (Brekken, 1986; Bruder, 1993a; Cook, Tessier, & Klein, 1996; Safford, 1989, Strain, 1986).

✦ LEGISLATION

Due to the foresight of the Iowa state legislature and various state agencies, Iowa has comprehensive services to provide assistance to children in need of special education programs and services from birth through 21 years of age. By accepting the challenge of providing needed instructional and support services for young children, Iowa was one of the first in the nation in the provision of full service for all children with special needs.

Increased understanding of children's development coupled with societal pressure to provide educational alternatives other than institutionalization resulted in new legislation mandating improved educational opportunities for children with disabilities. Much of this legislation was aimed toward meeting the civil rights of individuals with disabilities. The diligent advocacy work of parents of children with disabilities and existing professional organizations were significant forces behind the creation of these laws. A number of these laws influenced the current field of early childhood special education. These laws are summarized below.

✧ Federal Legislation for Early Childhood Special Education

Economic Opportunity Act (1965).
Head Start programs were created for culturally deprived preschool children. A statement appearing in the Head Start manuals regarding children with disabilities stated, "Head Start encouraged the inclusion of mentally or physically handicapped preschool children in programs which serve nonhandicapped."

P. L. 89-313 (1965) Elementary and Secondary Education Act Amendments.
This Act authorized grants to state institutions and state-operated schools devoted to the education of children with disabilities. It was the first federal grant program specifically targeted for children and youth with disabilities.

P. L. 90-538 (1968) Handicapped Children's Early Education Program
This legislation, sometimes referred to as the First Chance Program, authorized funds for the development, evaluation, and dissemination of model educational programs for children with disabilities from birth through age eight. Funds provided under this law established exemplary demonstration projects. Approximately 140 outreach programs

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stemmed from this seed money. Four HCEEP projects were developed in Iowa and made definite contributions to area education agencies and local education agencies who later established preschool programs.

P. L. 93-644 (1972) Amended the Economic Opportunity Act of 1965

This mandate amended previous Head Start legislation and required that 10 percent of the children served in Head Start programs must be children with disabilities. This legislation was the first nationwide mandate for mainstreaming in early childhood education.

P.L. 94-142 The Education for all Handicapped Children Act of 1975.

This law established a national policy regarding the education of children ages 3 through 21. It mandates a free appropriate public education for all children with disabilities, ensures due process rights, mandates education in the least restrictive environment, and requires individualized education programs, among other things. It is the core of federal funding for special education.

P. L. 98-199 (1983) Amendments to Education of the Handicapped Act

This Act revised and extended P.L. 94-142. The preschool incentive grant program was amended to include children from birth to three years of age. The law changed the definition of handicapped children that can receive a free appropriate public education to include children from birth through eight years of age. P.L. 98-199 also required that state plans include "all handicapped children from birth through five years of age." The role of parents in the education of their child with a disability was expanded by this legislation.

P.L. 99-457 (1986) The Amendments to the Education of the Handicapped Act

Some consider this to be the law that legitimized the field of early childhood special education (Bricker, 1988). Part B extended the provisions of P.L. 94-142 to children ages three through five years of age. Part H established discretionary program funds to unify services for infants, toddlers with disabilities or at-risk for having disabilities and their families (ages birth through two years).

P.L. 101-476 (1990) The Individuals with Disabilities Education Act (IDEA)

This amendment to P.L. 99-457 replaced the term "handicapped children" with individuals with disabilities. This change stemmed from the recognition that children with special needs are children first and that "person-first" language was more appropriate. It reauthorized discretionary programs and mandated transition services. This Act also established two new categories of disabilities: autism and traumatic brain injury.

P.L. 101-336 (1990) The Americans with Disabilities Act (ADA)

While the above laws focused upon educational issues regarding young children with disabilities, this broad-reaching Act guarantees the full civil rights of individuals with disabilities, ensuring equal opportunity in employment, public accommodation, transportation, state and local government services, and telecommunication. Title III of this law requires that public accommodations must afford an equal opportunity for individuals with disabilities to enjoy goods, services, and facilities. Under this section of the law, preschools, child-care centers, and family day-care homes must provide children with disabilities equal opportunity to participate in their programs by making reasonable modifications in their policies and procedures to accommodate children with disabilities and by providing auxiliary aids and services to ensure effective communication. Title III also requires that parents, guardians or caretakers with disabilities have access to the facility or the program. Clearly the intent of this law is to move society towards the full inclusion of individuals with disabilities.

✱ADA Criteria: Who is a child with a disability?

1. A child is considered to have a disability if a physical or mental impairment exists that significantly limits at least one major life activity such as:
   - caring for oneself
   - performing manual tasks
   - walking
   - breathing
   - hearing
   - speaking
   - learning

2. A child is considered to have a disability if there is a record or history of an impairment that substantially limits one or more of the child's major life activities or has been misclassified as having such an impairment.

3. A child is considered to have a disability if perceived by others as having an impairment.

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✧ Iowa Legislation for Early Childhood Special Education

The state of Iowa has a firm commitment to provide comprehensive, quality services for young children with disabilities and their families. Iowa Administrative Code (IAC), Chapter 281, was established in 1974. Consequently the Department of Education was mandated by the Iowa legislature to serve as the lead agency in the provision of special education and related services for children with disabilities from birth through age 21. Iowa was among the first states in the nation with a mandate requiring services for children with disabilities from birth. Since that time, state and federal legislation have continued to advance the field of Early Childhood Special Education.

Education of Children Requiring Special Education IAC Chapter 281 (1974)
Iowa S.F. 1163 established a state policy to require school districts to provide public education to meet the needs of children requiring special education from ages birth through 21 years of age. As Area Education Agencies were key participants in the delivery of special education services in Iowa, the AEAs took the major responsibility for the provision of special education services to children from birth through age five. Infants, toddlers and young children were determined to be the largest unserved population and received first priority for federal "flow-through" funds. These funds were directed to the AEAs for children birth through age five with disabilities.

✦ POPULATION

Chapter 281.2(1) IAC, defines children who are eligible to receive early childhood special education services as:

> "Children requiring special education" means persons under twenty-one years of age, including children under five years of age, who are handicapped in obtaining an education because of physical, mental, communication or learning disabilities or who are behaviorally disordered, as defined by the rules of the department of education.
>
> "Special education" means classroom, home, hospital, institutional, or other instruction designed to meet the needs of children requiring special education as defined in subsection 1; transportation and corrective and supporting services required to assist children requiring special education, as defined in subsection 1, in taking advantage of, or responding to, educational programs and opportunities, as defined by rules of the state board of education.

To receive special education instructional and support service, a child must meet specific eligibility criteria as outlined in the *Rules of Special Education* [281—41.3]. The *Iowa Criteria for Early Childhood Special Education* lists the definitions from the *Iowa Rules of Special Education* as well as strategies for evaluating and determining eligibility for children under the age of six.

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ECSE Instructional Programs and Support Services

✦ OVERVIEW OF ECSE SERVICE DELIVERY

Young children who qualify for special education are entitled to a free, appropriate, public education (FAPE). Legislation also requires that young children who are eligible for special education must be served to the maximum extent appropriate with children who do not require special education, e.g. in the least restrictive environment (LRE). The LRE for young children with disabilities is the natural home and community settings in which young children without disabilities participate (IDEA, 1991, Sec. 672). For example, a typical environment for a child under three may be the child's home and experiences at a baby-sitter's home or a licensed day care home. Children over three may have more exposure to group settings in early childhood programs such as child care centers, private or public preschools, Head Start, and kindergarten. Community activities may include library story hour, swimming, gymnastics, dance classes, and neighborhood play groups. The placement options available for young children eligible for special education will be dependent on the service delivery systems and resources within their community. Full or part-time placement may be used to satisfy LRE requirements.

Examples of least restrictive environments for young children with disabilities are:

- ➢ Child care provided in the family home
- ➢ Child care provided in a licensed day care home
- ➢ Public preschool programs
- ➢ Community-based early childhood centers
- ➢ Head Start programs
- ➢ Activities in community settings
- ➢ Neighborhood play groups
- ➢ Other settings where children without disabilities might participate

Early Childhood Special Education services in Iowa are designed to comply with state and federal regulations and to meet the needs of the child, family and community.

Instructional services for young children eligible for special education are generally provided by the following three common early intervention instructional settings:

- Home instruction
- Center-based instruction
- Combination of home and center-based instruction

The Council for Exceptional Children's Division for Early Childhood has identified recommended practice indicators for early intervention service delivery models. These practices should be employed by all instructional programs regardless of the settings of the service delivery system (McWilliam, R. A. & Strain, 1993).

DEC Recommended Practices for Service Delivery Models

- ➢ Program staff coordinate early intervention services with all other modes of service delivery available to and needed by the child and family.
- ➢ Services include a measure of effectiveness and results should be communicated in a timely fashion to the family.
- ➢ The nature of services provided are based upon families' informed selection from an array of viable options.
- ➢ The early intervention program frequently monitors delivery of services to ensure that agreed upon procedures and outcomes are achieved in a timely fashion.
- ➢ Programs are staffed by personnel who have received competency-based training with children of the age being served.
- ➢ Someone in the program or immediately available to the program speaks the family's preferred language.
- ➢ Program staff individualize services in response to children's characteristics, preferences, interests, abilities and health status.
- ➢ Staff monitor interventions frequently, and make changes in programming as needed.
- ➢ Staff employ a variety of strategies and interventions to address individual child and family needs.
- ➢ Staff design services to allay children's fears and anxieties regarding separation, medical intervention, and other intervention related issues.

For some children, additional supports and related services will be required to maximize their educational experiences. Support and related services may be necessary to assure appropriate educational programs for young children eligible for special education.

In Iowa, the basic model of Related/Support Services include the following components:

- Early identification (child find) and assessment of disabilities in children
- Speech and language services
- Audiological services
- Physical therapy services
- Occupational therapy services
- Psychological services
- Consultation
- Health services
- Social work services
- Transportation
- Parent components

An ideal program offers the full array of services. Placement teams must be aware of community resources and constraints so an informed decision can be made. All program placement recommendations for children should be based on parent input, formal assessment, and observational data. The primary consideration in identifying program options should be the provision of the least restrictive program which will appropriately meet the needs of the children. A combination of program options may be necessary to provide opportunities for integration with nondisabled peers.

Increasingly young children eligible for special education services are being educated in regular community-based settings or natural early childhood environments with the necessary support. The challenge for early childhood special educators is to move outside the walls of self-contained classrooms and to become integrated with early education programs within the community (Peck, Furjman, & Helmstetter, 1993). Iowa has accepted this challenge and is moving toward a variety of program options for meeting the needs of young children with disabilities and developmental delays.

✦ LEAST RESTRICTIVE ENVIRONMENT: CONSIDERATIONS FOR ECSE

Planning appropriate special education services for young children with disabilities must include consideration of the least restrictive environment. LRE describes the setting(s) for a child with a disability that provides the most contact possible with nondisabled children. Programs that enroll children with disabilities and nondisabled children are considered to be integrated programs. Integration creates physical, social and academic opportunities for the child with a disability to participate with nondisabled children in typical school or community environments (Taylor, Biklen, Lehr, & Searle, 1987).

Since the passage of Public Law 94-142 (the Education for All Handicapped Act), the goal of integrating children with disabilities into the least restrictive education environment has evolved into the challenge of creating inclusive educational environments for all children. Inclusion assumes that children with disabilities should be served in the same programs they would have attended if they did not have disabilities. According to Salisbury (1991), "In inclusive programs, the diverse needs of all children are accommodated to the maximum extent possible with the general education curriculum."

✧ Rationale for LRE in ECSE

Early childhood programs are optimal settings for implementing inclusive classrooms. The early years are the best starting point for including children with disabilities because:

➥ Early intervention is critical for the maximum growth and development of young children with disabilities (Anastasiow & Nuccie, 1994).

➥ Varying rates of maturity are the norm in early childhood programs, and differences in skills are expected and accommodated within the early childhood curriculum. Early childhood programs accommodate the broad range of learning experiences necessary within the classroom (Cook, Tessier, & Klein, 1996).

➥ Young children are often more accepting of others' differences than older children. The acceptance of differences in the early years can set the pattern for later acceptance, particularly when children's first experiences in group settings include positive experiences with children who have disabilities.

➥ Early childhood educators are more focused on the process of learning than the product of learning. The active learning environment of the early childhood classroom provides multiple opportunities for meaningful interactions between children with disabilities and those without.

➥ Many of the fundamental principles of best practices in early childhood education are shared by general early childhood educators and early childhood special educators (Atwater, Carte, Schwartz, & McConnell, 1994).

Participation of children with disabilities in general education classrooms has demonstrated benefits for children with mild, moderate, and severe disabilities, as well as benefits for their normal peer counterparts (Kishi & Meyere, 1994, Peck, Carleson, & Helmstetter, 1992: Peck, Donaldson, & Pezzoli, 1990). According to the 1982 Report of the Disability Right, Education, and Defense Fund, the more time children spent in integrated programs, the more they achieved educationally and occupationally as adults regardless of race, class, gender, or type of disability (Ferguson & Asch, 1989).

However, it is important to recognize that the benefits of including children with disabilities do not occur without purposeful and careful supports to promote them (Fewell &

Oelwein, 1990; Lamorey & Bricker, 1993; Wolery, Wilber, 1994). Physical proximity does not ensure true membership in the community.

Successful inclusion requires:

- Trained personnel
- Adequate supports and related services for children with disabilities
- Positive attitudes by staff toward children with disabilities
- Flexibility in relationship to program's goals, schedules, routines, etc.
- Collaborative staff relationships
- Philosophical agreement regarding how young children learn.

Clearly social, educational, and societal benefits accrue for young children with disabilities as well as young children without disabilities when they participate in educational programs together. Research also indicates that integrated preschool settings increase the environmental demands for classroom performance and maximize the potential of children with disabilities (Bricker, 1988).

Benefits of Inclusion

Benefits for Children With Disabilities	*Benefits for Children Without Disabilities*
Reduced inappropriate behaviors	Improved self-concept
Increased communication skills	Growth in social cognition
Greater independence	Increased tolerance for differences in people
Higher parent expectations	Increased responsiveness towards the needs of other students
Preparation for integrated community living	Preparation for integrated community living

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❖ How to Determine the Least Restrictive Environment

Successful integration of young children with disabilities requires careful planning. Planning should be based on a collaborative team approach that includes parents, community staff, representatives from the local school district staff and/or the AEA staff members that provide service to children with disabilities, and special education support staff as needed. The specific composition of the team will be determined by the individual needs and characteristics of the child.

Designing appropriate delivery of services involves:

- ❖ Conducting an in-depth assessment of the child
- ❖ Identifying the family's needs and goals for the child
- ❖ Becoming fully familiar with community program options and existing community resources
- ❖ Matching the child's abilities, strengths, needs, and goals to the curriculum, environment, and activities of the typical setting
- ❖ Planning accommodations and support to meet the needs of the child
- ❖ Completing the individualized education plan (IEP) or the individualized family service plan (IFSP)
- ❖ Determining who will be responsible for monitoring the progress of the child's identified goals

The staffing team should document how, where, when, and by whom the special education programs in the LRE will be implemented for the individual child.

In designing opportunities for the child to have meaningful interaction with nondisabled same-age peers, the staffing team will need to ask the following questions:

- When and where should the child participate with nondisabled peers?
- Who would be appropriate peers?
- What intensity of services will be needed?
- What strategies and accommodations will be needed to facilitate interaction and successful participation?

Once this information is determined, the staffing team will need to consider all options that have potential for meeting the child's educational needs as specified in the present level of educational performance and the goals and objectives.

To determine which option is appropriate, the team should address these questions:

Of all possible options, which placement:

- is most likely to develop the skills described in the IEP/IFSP?
- can demonstrate the feasibility of providing a developmentally appropriate educational program that can meet the child's needs as stated in the IEP/IFSP?
- is capable of accommodating this child's specific needs in an integrated setting with peers of similar age?
- is most like the natural environment the child would participate in if the child did not have special needs?
- offers the greatest opportunity to interact with children who have no disabilities?
- is most likely to increase independence?
- is most likely to prepare the child for less restrictive placements in the future?

The staffing team should include a description of the integrated setting, goals and objectives for instructional and/or social integration, strategies, materials, and personnel required for appropriate programming in the least restrictive environment.

The staffing team may also need to discuss the provision of:

- ✓ support services in the integrated setting
- ✓ transportation, and
- ✓ parent involvement

For children participating in a community-based early childhood setting (CBEC) on a regular basis, special education support services such as occupational therapy, physical therapy, speech and language therapy, and itinerant vision or hearing instruction should be provided in the setting that:

- Provides opportunities for practice and generalization of skills that will improve the child's ability to interact in the least restrictive environment.
- Provides opportunities for intervention throughout the day and during natural routines and activities.
- Enables all the appropriate personnel, including staff of community based early childhood programs, to be informed and prepared to implement instructional and support service objectives as defined in the IEP/IFSP.

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Plans must be made to provide for special teaching strategies and environmental structures that facilitate social interactions and intervention on IEP/IFSP objectives.

Staff may need to:

- Implement incidental teaching strategies
- Modify group structures
- Assist nondisabled peers to model and reinforce desired behaviors
- Add or change play materials
- Make adjustments in the classroom environment
- Involve parents in providing opportunities for social skill development

Not all settings for nondisabled children will constitute appropriate placements for young children with disabilities. The staffing team will need to determine whether it is feasible for the program(s) being considered as a potential site for integration to implement the IEP/IFSP. The team will need to consider teacher/child ratios, ratio of children with disabilities to children without disabilities, curriculum modifications, environmental accessibility, scheduling, instructional methods, grouping of children, experience and training of the teachers, and other variables.

✧ Least Restrictive Environments for Young Children Eligible for Special Education

✶ Definition of LRE

The Iowa Rules of Special Education define LRE as follows:

> **Least Restrictive Environment:** Each agency shall ensure that, to the maximum extent appropriate, children requiring special education are educated with individuals who do not require special education and that special classes, separate schooling or removal of children requiring special education from the general education environment occurs only when the nature or severity of the individual's disability is such that education in regular classes with the use of special education and related services cannot be achieved satisfactorily in accord with division VI. [Rule 281—41.3(5)], IAC.

The natural environment or general education environment and the continuum of alternative special education placements that are considered for a child below six years of age may be significantly different than those options considered for the school age population. The general education environment for children below six years of age is the setting which provides activities, instruction, therapies, and remediation with nondisabled children of similar age.

Listed below are **general education or natural environments for young children with disabilities.** This list is neither inclusive nor sequenced in order of priority or levels of restrictiveness.

Home or Child Care Provider: parents and child care providers in the home setting may offer the least restrictive environment while providing a program and developmentally appropriate experiences with assistance from teachers, support staff, or both.

Publicly Funded Early Childhood Environments: early childhood programs that are operated by the local education agency or other agencies funded by federal or state dollars, e.g., preschool, kindergarten, Chapter I, Head Start, and at-risk programs. No tuition is charged for participating in the program.

Community Based Early Childhood (CBEC) Programs: early childhood center-based programs in the community such as private preschools or child care centers. These programs typically are fee based and may be nonprofit or for profit organizations.

Community Activities: early childhood activities in the community, e.g., library story hour, swimming program, play groups.

✱ Continuum of Placement Options

The continuum of alternative placements for young children presents a set of options that includes a variety of service models. The order in which these options have been listed does not suggest a hierarchy of restrictiveness. Restrictiveness relates to the individual needs of the child.

Achieving the least restrictive environment for young children is not necessarily dependent upon the continuum of alternative placements but upon the planning process. Integration must be planned and meaningful. Consistent, ongoing intervention strategies and opportunities for interaction are imperative.

Special education intervention in an early childhood setting: child attends a center-based program or community activity for young children without disabilities and receives special education instruction and support services as outlined in the IEP/IFSP. Services are provided and monitored on site by a licensed early childhood special education professional.

Co-location: child participates in a program that combines the services of an ECSE classroom model and a community-based early childhood program. Programs are combined in one room or in close proximity to each other to promote interaction of children with disabilities and children without disabilities.

Reverse integration: children without disabilities attend an ECSE center-based model that is specifically designed to facilitate integration. Reverse integration is considered one of the more restrictive integration models. See Appendix A for "Procedures for Requesting to Implement Early Childhood Special Education Reverse Integration Programs."

Preschool self contained special classroom: child attends an ECSE classroom program for children with disabilities and receives special education instruction and support services as outlined in the IEP/IFSP. The IEP/IFSP should include opportunities to participate in activities with nondisabled peers.

a. Self contained classroom serving up to 8 children with one early childhood special education teacher and one educational aide. This classroom serves children with mild and moderate disabilities (weighted 2.35).

b. Self contained classrooms serving up to 5 children with severe disabilities (weighted 3.74) with one early childhood special education teacher and one educational aide.

c. Self contained classroom serving up to 8 children (children weighted 3.74 will count as 2 students) that combines children with mild, moderate, and severe disabilities with one early childhood special education teacher and one aide.

Home instruction: child receives special education instruction and support services in the home setting as developed in the IEP/IFSP. Home instruction may be combined with other alternative placements for young children. (The mandatory school age has implications for preschool placements. The law does not require participation in the public school unless the child has reached six years of age on or before September 15th.)

Dual Programming: the staffing team may design a program that includes both center-based early childhood special education intervention and an integrated component; for example, a child attends both an ECSE classroom and a program for preschool children without disabilities. Intervention specific to the IEP/IFSP goals occurs in both the special education environment and the integrated setting.

✧ Increasing Integration Options in the Community

Each local school district or AEA will need to identify a variety of LRE options in order to design IEP/IFSPs that are tailored to the needs of young children with disabilities. Prior to planning services for individual children, agencies will need to begin identifying settings where opportunities for integration are available. This does not suggest that availability of options should predetermine what is considered at an IEP/IFSP staffing. As with any other special education placement staffing, options discussed should be based on the needs of the child and family rather than limiting discussion to options that are currently available. Preliminary agency level planning may be needed to increase the availability of local options and to determine what administrative activities will be needed to make more options available.

AEA, LEA, early childhood professionals from the community and parents will need to work together to identify opportunities for creating new integrated settings or adapting existing placement settings to enable children with disabilities to interact with nondisabled peers.

Availability of LRE options may be increased by:

- Identifying existing resources in the community that provide opportunities for preschoolers to interact (e.g., swimming lessons, library story hour, gymnastics).
- Establishing agreements to create new alternatives for integrated center-based settings (e.g., tuition agreements with private preschools, interagency agreements with Head Start).
- Providing training and technical assistance to families to enable them to seek out and utilize options in the community, and become informed consumers of early childhood services.
- Providing training and technical assistance to private providers and community agencies to increase awareness of special needs issues and encourage participation in collaborative programming.
- Relocating special education classrooms to facilitate the combination of children and to encourage team teaching, i.e., moving the ECSE classroom next to the kindergarten, locating the ECSE classroom in the community based early childhood setting, renting or donating space in an elementary building to the CBEC program in order to house the ECSE and CBEC programs together.

✧ Best Practice Guidelines for Integrated Programs Serving Young Children with Special Needs

The following guidelines are intended to assist program developers and staffing teams in their efforts to plan and implement integrated early childhood special education (ECSE) programs.

- ➢ Successful integration should be planned and facilitated by deliberate instructional interventions.
- ➢ Programs should include support for parent involvement, including frequent opportunities to visit the preschool setting and interact with early childhood staff.
- ➢ Families of children with disabilities should be accorded the same opportunities given to parents of normally developing children, with particular emphasis on promoting family choices. Parents of children with special needs should be encouraged to participate in the activities and opportunities offered to all families.
- ➢ Parents should be fully involved in planning the IEP/IFSP and provided with frequent progress updates.
- ➢ Assessment and data management should be practical for administration and interpretation by early childhood staff.
- ➢ Observation and assessments should consider the skills and behaviors needed for success in integrated settings.
- ➢ The instructional program should offer a curriculum based on skills and activities that are age appropriate, developmentally appropriate, and that will improve children's ability to interact in their natural environments.
- ➢ Instruction should be designed to meet the needs of the child and to facilitate an increased frequency and quality of interaction. Strategies may include: activity-based instruction; facilitated social interaction; facilitative classroom organization; modification of materials and structure; peer mediated approaches; and social skills training.
- ➢ Behavioral strategies should be designed to fit the criteria for a typical group setting. The least intrusive means should be used in a CBEC center. Excessive behavioral controls may not be appropriate in a community based early childhood center.

- Early childhood settings should offer a stimulating and responsive learning climate, models for appropriate behavior, and capitalize on child initiation to teach useful skills.
- Environments should include the toys, materials, activity areas, schedules, and routines found in high quality preschool/day care programs.
- Observations and team planning should be conducted to design the accommodations and curriculum modifications needed to enable children to be successful in the integrated setting.
- IEP/IFSPs should include:
  - Present levels of performance that reference the child's ability to function in typical environments.
  - Objectives that specify conditions, observable and measurable behaviors, maintenance criteria, and generalization criteria. Each IEP/IFSP objective should be written in language that allows for reliable implementation by anyone delivering direct instruction.
  - Measurable behavioral objectives involving interaction with a peer or peers that are not disabled.
- Support services should be provided in the setting that provides opportunities for practice and generalization of skills that will improve the child's ability to interact in the least restrictive environment.
- Assessment, direct therapy, and consultation should occur in the setting which will enable appropriate personnel, including staff of community based early childhood programs, to be informed and prepared to implement objectives as defined by the IEP/IFSP.
- Individualized interventions, strategies and accommodations are needed to assist children to be as successful as possible in the integrated settings.
- Local teams should conduct ongoing planning and collaboration between early childhood special education and community based early childhood personnel. Planning should take into consideration common goals and natural diversity among groups of children.

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✦ ECSE INSTRUCTIONAL DELIVERY SYSTEMS

Developmentally and individually appropriate practice provides the foundation for the instructional practices implemented in ECSE programs. The term "developmentally appropriate practice" refers to a set of instructional guidelines for providing services to young children that was identified by the National Association for the Education of Young Children (Bredekamp, 1987). Two dimensions define developmentally appropriate practice: (1) age appropriateness and (2) individual appropriateness. The first dimension entails using knowledge of child development to identify meaningful learning experiences and activities for children. Individual appropriateness refers to the need to consider each child's developmental level, interests, culture, experiences and so forth. The challenge for ECSE is to provide chronological age appropriate experiences for young children with disabilities while also maintaining the appropriate individual developmental level.

✧ Developmentally Appropriate Practice

Best practices for young children with disabilities, as well as young children in general, occur in settings that allow young children to take an active role in their learning through exploration, experimentation and problem-solving. Components of instructional settings that are developmentally and individually appropriate include the following characteristics:

Individualization. Federal law requires that each child in ECSE must be evaluated to determine the educational outcomes or objectives to be delineated in the individualized educational plan. Content and specific strategies are geared toward meeting the specific needs of the children in the ECSE program.

Child-initiated activities. The importance of allowing opportunities for children to take the lead in experiences and activities has been well-documented in both general early childhood education and early childhood special education (Atwater, Carta, Schwartz, and McConnell, 1994). Much of young children's learning occurs when they direct activities of their own interests (Bredekamp, 1987).

Active engagement in learning. The level of children's engagement plays a critical role in learning. This basic tenet is common across many theories of learning and development. In ECSE programs, children engage in active, not passive, learning experiences that provide rich opportunities for exploration, experimentation, problem-solving, and utilization of newly acquired knowledge and skills. However, for some young children with disabilities, active engagement does not occur spontaneously and will need to be facilitated by the educator.

Social interaction. The development of social competence is an important focus of ECSE. For infants or young children who are receiving intervention services in the home, social opportunities arise from interactions with adults such as parents, caretakers and other family members. In center-based settings, peers provide opportunities for social interactions. In integrated settings, nondisabled children model participation in complex social interactions. ECSE educators realize that simply placing children in the same setting does not ensure the development of social competence. Some young children with disabilities will need assistance in acquiring competent social skills.

Play. High quality early childhood programs rely on play as an important medium for young children's learning (Kontos & Dunn, 1993). Play is the natural environment of young children. ECSE educators have recently begun to recognize the importance of intervention occurring within children's natural environments. Teachers in ECSE programs embed instructional opportunities during children's naturally occurring daily routines and play experiences of the child. Practitioners use play to provide opportunities for children to acquire and practice desired goals and outcomes.

Problem-solving. The process of problem-solving is an ongoing characteristic of ECSE programs. Although this process is most readily identified with the identification of young children with disabilities, it does not end with this level. ECSE professionals continue to employ informal, formal, and systematic approaches in determining interventions to implement the effectiveness of the interventions and the identification of necessary modifications. The goal of the problem-solving process is to ensure that each child in ECSE receives a developmentally and individually appropriate program.

ECSE instructional services are typically comprised of three delivery systems:

- Home-based Instruction
- Center-based Instruction
- Combination of Home and Center-based Instruction

No one instructional setting is definitely best for all children and families. The delivery system must be selected by families with assistance from the professionals on the staffing team. The specific needs and characteristics of the child and his/her family determine the most appropriate setting for instruction. When determining the setting most appropriate for services, primary attention must focus on whether or not the delivery system will increase the chances that the child will become able to function more independently. These three instructional delivery systems offer a variety of opportunities to meet the unique needs of individual children and their families.

✧ Home-based Instruction

Home-based programs provide services to the child and family in the home setting. Generally, programs provided in the home emphasize both children and parents. Home-based programs recognize the importance of a family-centered approach in successful early intervention. The underlying philosophy is that the parent is the child's first and best teacher. Respecting the goals that the parent has for the child and incorporating these into the child's plan is important in the implementation of effective home-based intervention. The ultimate goal of home intervention should be to assist families in gaining control and independence.

Most children receiving home instruction are from birth to three years of age. Children with impaired health or a complex medical condition may also be served in a home-based program. Children living in remote, geographical regions for whom transportation to center-based programs are not advisable, may be served in a home-based program. For each of these groups, the home is considered to be the natural environment. In some instances home-based services are offered in the home of a relative or a child-care provider.

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The Division for Early Childhood of the Council for Exceptional Children has recently issued the following recommended practices for home-based programs (DEC, 1993).

DEC Recommended Practices for Home-based Programs

- ➢ Staff base the nature, delivery and scope of intervention upon activities of daily living (e.g., bathing, feeding, play, bedtime, etc.).
- ➢ Intervention includes all family members (family members being defined by the family) who wish to be involved.
- ➢ The level of intensity and range of services match the level of need identified by the family.
- ➢ Staff base their communication with family members upon principles of mutual respect, caring and sensitivity.

The advantages of serving children in home-based programming are:

- ❖ The natural environment of the child and parent may be used and modified to facilitate development.
- ❖ The health of the child is better protected.
- ❖ Parents can follow through with techniques during everyday interactions with the child.
- ❖ Parent and child routines are not disrupted.
- ❖ Other family members may be included in the intervention.
- ❖ Maximum opportunities for individualized instruction and intensive one-on-one may be provided.
- ❖ Children spend less time waiting their turn to participate in activities than they would in a group setting.
- ❖ Expertise of parents, teachers, and other professionals are utilized.

✶ Levels of Service/Scheduling

The level of service (amount of time) that a child requires should be determined by the staffing team, which includes the parents. Factors which must be considered when making decisions about levels of service are: the child's medical concerns, identified needs, strengths, goals of the family for the child, support services needed, community resources, and the commitment of the families to share in the responsibility for the child's programming. A variety of professionals may provide services in the home depending on a child's individual needs.

Typically, children are seen once per week for a home visit by a teacher. The child may also receive support services during the week. The frequency of professional/child contact is determined by the individual family and child circumstances. For example, scheduling can involve changes of frequency and duration of contacts as the family and child demonstrate changing needs. Home visits do not need to be limited to weekly contacts of 45 to 60 minutes duration, as more time to establish rapport and implement the goals and objectives of the child's individual educational plan may be needed. If the child is medically fragile and has frequent illness or periods of impaired health, the provision of instructional or support services may be contraindicated at certain times.

✶ Case Load

A general guideline for determining a case load for a home-based early childhood special education teacher is three visits per day. This generally allows time for planning, travel and record keeping. Case loads would typically consist of not more than 12 to 15 families per teacher. To be considered as part of the case load, a family would be scheduled for a minimum of two visits per month. A child being seen on a monitor basis, i.e., once per month, would not be viewed as part of the teacher's regular case load. The number of families within a case load may vary during the school year due to identification of additional children, changes in needs of specific children and family mobility, etc.

Case load considerations may vary due to numerous variables such as:

- Travel time
- Geographic area being served
- Additional duties performed by the teacher, i.e. screening or assessments
- The degree to which professionals are working as transdiciplinary teams
- Other services available to the child and family
- Number of visits per week/month to each family

Time must be allotted for planning, staffing, agency contacts, and other coordination activities to be carried out by the teacher. Scheduling can involve appointments outside of routine work hours to include a working parent or both parents, extended family members or for other reasons as determined necessary in the planning of the child's IEP/IFSP.

✧ Center-based Services

Center-based programs provide young children with disabilities individualized educational experiences within a group setting to promote attainment of their unique potential. Most center-based programs serve children between the ages of three through seven. However, there are **no** restrictions as to the age limit and there are numerous children in Iowa who are below age three for whom staffing teams have determined that center-based programs are the most appropriate placement. The Iowa Bureau of Special Education establishes seven years of age as the upper age limit for participation in early childhood special education services. [Rule 281—41.3(281)]. Center-based programs may be operated and administered by either an AEA or LEA. Classrooms operated by the Local Education Agency (LEA) receive support services from the AEA.

Center-based instruction typically provides for peer involvement, peer models, socialization activities, support services and increased instructional time per week.

Staffing teams take the following factors into consideration when determining whether to provide home instruction, center-based services or a combination:

- Age
- *Previous special education options*
- Degree of parental involvement needed
- Need for socialization
- Geographical area
- Therapy/support service needs
- Medical needs
- Physical management needs
- Instructional goals

The Division for Early Childhood of the Council for Exceptional Children (1993) has identified the following recommended practices for center-based programs serving young children with disabilities.

DEC Recommended Practices for Center-Based Programs

- Environments are safe and clean.
- The setting is physically accessible to families (i.e. within a short distance to allow for regular contact).
- Services ensure an unbiased, nondiscriminatory curriculum around issues of disability, sex, race, religion, and ethnic/cultural origin.
- Service programs are well integrated within the administrative unity with which they are affiliated.
- The ratio of adult staff to children maximizes safety, health, and promotion of identified goals.
- Programs employ pull-out services (e.g. for ECSE, OT, PT, Speech) only when routine, activity-based options for services have failed to meet identified needs.
- Services for children with disabilities are noncategorical.
- Environments are barrier free.
- Environments include an adequate quantity and variety of toys and materials suitable for ages and needs of children enrolled.
- Environments are fun: they stimulate children's initiations, choices, and engagement with the social and material ecology.
- Staff arrange environments to promote high levels of engagement for children with diverse abilities.
- Personnel delivering related or consulting services (OT, PT, Speech, ECSE) communicate regularly with teaching staff and families.

✧ Combination of Home and Center-based Instruction

Combining center-based services with regularly scheduled home visits is a highly recommended model of service. Combination programming may be appropriate for a child:

- who is experiencing a transition from a home-based instructional program
- with health problems and whose stamina and ability to tolerate the activity associated with school attendance is limited
- whose parents need assistance in acquiring special skills to support development in the home environment
- who has parents in need of assistance in developing general parenting skills
- who has established rapport with the classroom teacher, and for whom other available support in the community is not available
- who has frequent absences from school due to chronic health problems.

✦ RELATED SERVICES AND SUPPORT SERVICES

In addition to the instructional program, many young children with disabilities will need other services in order to achieve their potential. Quality programs for young children eligible for special education offer a sufficient range and level of services to meet the child's needs. The Iowa Rules of Special Education address related and support services for children who are eligible for special education.

Support Services. The Administrative Rules of Special Education (1995) define support services as the specially designed instruction and activities which augment, supplement or support the education program of eligible individuals. Such services are usually provided by the AEA but may be provided by contractual agreement, subject to the approval of the board of the school district or another qualified agency [Rule 281—41.86(256B,34CFR300)].

The support services frequently provided to young children with disabilities include:

- Occupational therapy services
- Physical therapy services
- Consultation services
- School social work services
- Special education nurse
- Speech and language therapy services
- Psychological services
- Audiological services
- Child Find (See Service Delivery Section)
- Transportation (See Administration Section)

I.D.E.A., Part H allows for early intervention services for children from birth through age two (up to the third birthday) who have developmental delays, who have conditions that typically result in developmental delay, or are at risk for significant developmental delay. Children meeting these criteria can be provided support services without special education instructional programming. The extent and degree of a child's disability is not always apparent at these stages of life, and the least restrictive option of the continuum of services may be a support service. The need for only physical therapy, occupational therapy, speech/language therapy or support from a specialist in vision or hearing impairment may be the decision of the IEP/IFSP team. For example, a child may not be eligible for instructional service but would need speech therapy. This child would have an IEP/IFSP that would list speech therapy as the only service. To receive support services, a child must meet state eligibility requirements.

Related Services. Related services assist young children with a disability in benefiting from special education. The Administrative Rules of Special Education (1995) define related services as developmental, corrective, and other services as are required to assist an individual with a disability to benefit from special education. Related services are not the

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same as support services [Rule 281—41.94(256B, 34CFR300). Examples of related services for young children include counseling services, medical services for diagnostic or evaluation purposes, specialized medical management, and parent counseling and training to assist parents in understanding the special needs of their child and understanding child development. Related services required by the child must be identified on the IEP/IFSP.

✧ Procedures for Related/Support Services

✶ Qualifying for Related/Support Services

In order for a child to receive either a support or a related service, the staffing team must:

- Document eligibility for special education
- Provide supportive data to document need for support or related service in reports from appropriate discipline evaluation and specialists
- Develop goals and objectives in the IEP or IFSP
- Review services annually as part of the Annual Review process for IEPs/IFSPs.

✶ Provision of Services

In ECSE programs, the professionals who provide support/related services form a partnership with special and general educators to provide comprehensive services to young children with disabilities. Services to young children are usually provided in their naturalistic environment, keeping in mind individual needs and developmental approaches. Classroom teachers and support/related service providers recognize the importance of a family-focused approach. Therapy and educational goals center on building the child's functional independence at school and at home by integrating learning experiences within the everyday routines both at home and at school.

Flexibility in scheduling the delivery of support services is critical. The site of the delivery of services may be in a school building, center-based facility, or home. Although delivery of services in the home is not always appropriate, it may sometimes be the preferred site. The number of contacts weekly and the duration of sessions should be flexibly arranged so that evolving needs can be adequately met. Scheduling needs to

provide for sufficient contacts to develop rapport and meet the goals and objectives specified in the child's IEP/IFSP.

✧ Personnel Who Provide Related/Support Services

Personnel who provide related/support services are required to hold a professional or occupational license, certificate or permit in order to practice or perform the particular duties to be performed. Duties of specialists who provide related/special services may include:

- Identification of children with disabilities
- Participation as a member of the staffing team
- Development of IEP/IFSP goals with the staffing team
- Provision of direct services to young children with disabilities
- Consultation with teacher or parents
- Participation in the annual review process
- Staff training
- Parent training
- Monitoring the child's progress in meeting IEP/IFSP goals and objectives
- Service coordination

Overview of Support/Related Services According to 281-41.9 (256B,273,34CFR300)

SERVICE	DESCRIPTION
Occupational Therapy	The occupational therapist is involved in the evaluation and treatment of fine motor or sensorimotor functions to determine the educational significance of identified problem areas including fine motor manipulation, self-help skills such as feeding, dressing, etc., adaptive work skills, and play or leisure skills.
Physical Therapy	The physical therapist is involved in the evaluation and treatment of motor, generally large muscle movement and gross motor movements or sensorimotor functioning to determine the educational significance of identified problem areas including children's mobility and positioning.
Consultation Services	The ECSE consultant provides ongoing support to special and general education personnel who are delivering services to young children with disabilities. Specific consultant responsibilities may include, but are not limited to, mutual problem-solving with teachers, inservice training, demonstration teaching, curriculum development activities, behavioral management strategies, team/child study meetings, resource identification, and transition planning. Within an AEA, a consultant may function in more than one role.
School Social Work	The school social worker evaluates and treats the individual, family, and environmental problems that affect the development and learning of a young child with a disability (e.g. the interface and interaction of

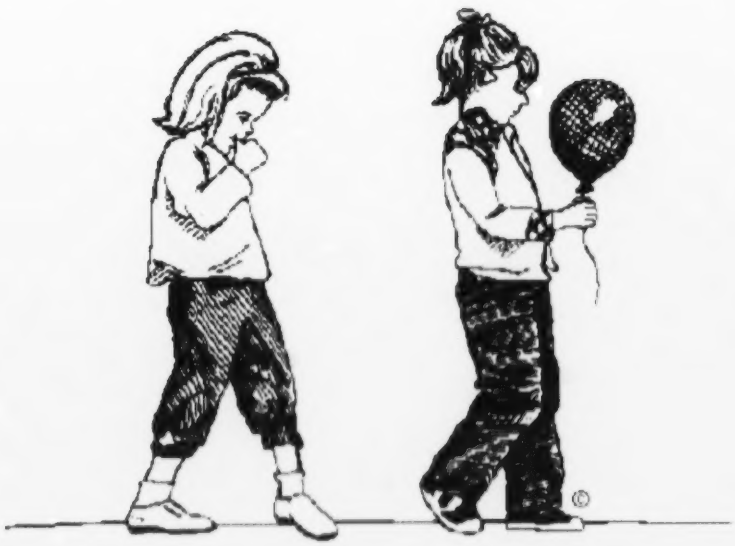
School Social Work (*cont'd*)	the child and the environment). Activities of this position focus on linking and integrating the efforts of school, home, and the community and coordinating service (case management). Consultation counseling and training of both staff and parents may also be the responsibility of the school social worker. This family-centered approach is consistent with the philosophical foundation of P.L. 99-457 which identifies the family as the "unit of intervention."
Special Education Nurse	Health needs of ECSE programs include, but are not limited to, screening, follow-up and remediation, procedures and standards for illnesses, emergencies and safety procedures, physical and mental health education, staff health programs, inservice health training and family counseling. The special education nurse assesses, identifies and evaluates the health needs of young children eligible for special education, interprets how health needs relate to the child's education, administers medication, implements specific activities commensurate with the practice of professional nursing and integrates health and safety practices into the educational program.
Speech-Language Services	The goal of speech-language services is to develop a program with special and general educators and parents that will improve children's communication skills at home and in the classroom. Speech-language pathologists provide services to children in the areas of articulation (intelligibility of speech), language (comprehension and expression of language), voice (pitch, loudness or quality), and fluency (flow of verbal expression without repetitions, hesitations, or prolongation of sound, syllables, or words).

ECSE HANDBOOK

Psychological Services

The school psychologist assists in the identification of young children's needs regarding behavior, social, emotional and educational functioning. The school psychologist is most frequently involved when a child exhibits behaviors that interfere with learning. The psychologist analyzes and integrates information about behavior and conditions that affect learning and consults with school personnel and parents to develop methods of dealing with problem behavior or provides direct intervention services. Other activities include parent and teacher training, counseling, evaluation of individual and group interventions, and applied research related to psychological educational variables related to children's learning.

ECSE HANDBOOK



THE ECSE SERVICE DELIVERY PROCESS

Federal legislation requires that all children with disabilities from birth through age 21 be located, identified, evaluated, and provided a free appropriate public education. Often the responsibility for these activities is shared by federal, state, and local education agencies as well as other agencies providing services to young children with disabilities. However, the ultimate responsibility for the requirements lies with the state and local education agencies. In Iowa, ECSE location and identification services are delivered in a systematic process. Each AEA has defined a specific set of procedures to identify children with needs, respond to requests for information and assistance, gather data, generate referrals, conduct evaluations and hold staffings.

✦ THE PROBLEM SOLVING APPROACH

ECSE problem solving is an interactive ongoing process that requires collaboration among parents, teachers, caregivers, AEA support staff, and other agency personnel. It is a systematic process leading to the development, implementation, and evaluation of intervention strategies that will address specific needs of the child.

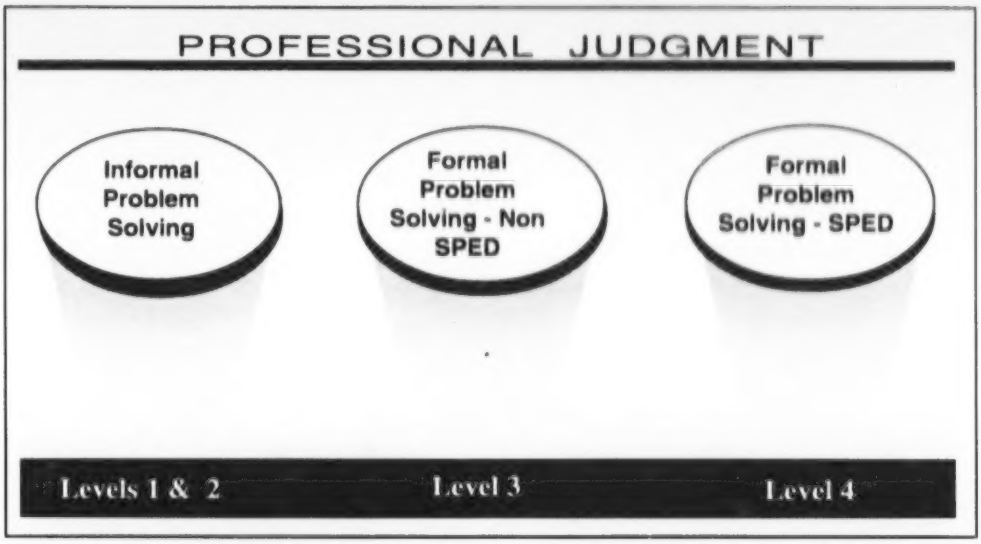
The ECSE problem solving model has three specific levels. The levels include:

- Informal Problem Solving (levels 1 & 2)
- Formal Problem Solving - Non special education (level 3)
- Formal Problem Solving - Special education (level 4).

The preschool problem solving process involves five steps:

1. Identification of the problem
2. Definition of the problem
3. Exploration of intervention options
4. Implementation of an action plan
5. Analysis of results with follow up

Concern Identified



Although the basic problem solving process is followed at all levels in the model, the amount of AEA involvement, the type of documentation required and the type of intervention utilized may be different depending upon the level of problem solving. During level 1, Informal Problem Solving, AEA staff may or may not be involved and interventions typically should consist of plans and resources that are easily accessible and implemented by the referring person. During Formal Problem Solving - Non special education, AEA staff should be involved and be responsible for facilitating most aspects of the process. Documentation would be accomplished using a formal intervention plan, with interventions developed, implemented and monitored systematically. Interventions should utilize a wide variety of resources and may include, to a limited degree, services traditionally considered special education (i.e. diagnostic placement). During Formal Problem Solving - Special education, special education teachers, with the assistance of support personnel, would be involved actively and responsible for the problem solving process. Documentation of the ongoing intervention plan would be accomplished using the IEP, and interventions would utilize a wide variety of services and resources, which may or may not (depending upon the identified needs) be special education.

In using this model, it is the intent that:

1. Children should be provided with interventions which allow them to be educated in the least restrictive environment possible
2. Problem solving activities should not delay services
3. Special education should be considered a service, not a place
4. All education and teaching, especially that which takes place in specialized settings, should be considered as a problem solving activity
5. Problem solving should be considered successful even if the problem isn't "cured"
6. The problem solving system/process should be driven by the model and not by the forms

The process to solving problems utilized by the problem solving approach can be implemented throughout all components of the ECSE Service Delivery Process. Although each AEA has delineated specific procedures for their area, the primary components and the sequential steps of ECSE service delivery remain constant across the state. The sequence of the ECSE Service Delivery Process is best described by the following four primary components:

Identification. Location, screening and referral of young children with disabilities who are eligible for early childhood special education.

Services. Determination of the appropriate program and the development of the child's IEP/IFSP.

Monitoring of Progress. On-going monitoring of the child's progress.

Transition. Child's exit from special education or entry into a new special education program.

The Primary Components of the ECSE Service Delivery Process

IDENTIFICATION	Child Find Screening Referral Evaluation
SERVICES	Staffing Individualized Family Service Plan Individualized Education Plan
MONITORING OF PROGRESS	Six Months Review Annual Review Three Year Review
TRANSITION	Exit from Special Education Transition to a new program

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♦ IDENTIFICATION

To receive the free and appropriate ECSE services to which children are entitled, they must first be located and identified. Identification involves child find, screening, referral, and evaluation activities that locate and identify disabling conditions in young children. In Iowa, these activities are undertaken by local districts and the AEAs.

✧ Child Find

Child Find is the process of locating and identifying persons from birth to age 21 with disabling conditions. For the purposes of this document only, activities related to children ages birth through five will be discussed. Child Find programs have two primary responsibilities. One responsibility is the planning and conducting of public awareness campaigns to inform and educate community members concerning children's right to a free, appropriate, public education. The second responsibility of Child Find programs is to generate referrals. As discussed in the beginning of this document, early identification of children with disabilities facilitates early intervention, which in turn assists in the remediation of developmental delays and may lessen the impact of the disability. Early identification of young children with disabilities also assists LEAs' long range fiscal and programmatic planning to better meet the needs of the children that they serve.

An active Child Find program consists of:

- Contact with other agencies: Coordination with other state and community agencies that provide services to " at-risk," developmentally delayed, and children with disabilities.
- Contact with pediatricians and/or physicians, and other health professionals: Local health professionals are an important referral source and may have established the closest professional relationship with the family of a child with special needs. It is important that these professionals are familiar with referral and identification procedures.
- Information for the general public: Public awareness campaigns must be designed to inform local communities of services that are provided for young children with disabilities. Awareness can be created through:
  - Local newspapers and shopper's guides
  - Public service announcements on local radio and television stations

- Strategically placed posters in the community
- Awareness information delivered to parents by school-age children who may have younger siblings or neighbors with young children
- Brochures developed by school districts or AEAs distributed by real estate agents, Welcome Wagon, grocery stores and churches.

✱ Screening

Screening can be the initial step in the identification process. Screening is a limited procedure that is designed to identify at an early stage children who have a high probability of exhibiting delayed or abnormal development (Meisels & Wasik, 1990). Screening can be used to identify developmental concerns. The screening process determines the child's developmental status in the following areas: physical development including vision, hearing, and health; cognitive development; communication development; psychosocial development and adaptive development.

Screening is not intended to provide in-depth information in developmental areas, but should provide indicators of a child's developmental status. Screening is an effective way to identify children who might have a problem or potential disability. Children who seem to be having difficulty in one or more developmental areas are to be referred for a more extensive evaluation. Children who have obvious or severe disabling conditions need not participate in screening procedures, but should be referred directly for evaluation.

Screening clinics are an effective way to identify children who may be eligible for special education services. These clinics must be open to all children within the community. If all children within the school district participate in screening, parent permission is not necessary. Parents should be notified as soon as possible regarding the outcome of a child's screening.

Some AEAs/LEAs have found it helpful to have ECSE personnel available on a school-year or a year-round basis to screen referred children in their homes. This alleviates the congestion often associated with screening clinics and provides ample time for the instructional or support staff to gain a developmental history and other information from the parent(s). It also provides the opportunity to observe the child in his/her natural environment.

* Referral

A child's and family's involvement with ECSE services typically begins with either a request for information or services from the parents or from another agency or professional. These requests for information or assistance are typically directed to the LEA or the AEA. Clear channels of communication and procedures for managing initial concerns regarding young children should be in place to ensure timely response.

Most agencies in Iowa have an initial intake procedure for the collection of information and to more clearly define the concern(s). Some AEAs/LEAs conduct developmental screening activities during the pre-referral/intake process to determine the need for further evaluation. Other agencies request a signed referral prior to conducting screening activities. Both procedures are appropriate. Upon completion of the intake/pre-referral activities, the parent(s) will be provided with recommendations and options. If data suggest that further educational evaluation is needed, a referral is initiated. The child's parent or legal guardian must sign the referral form. Written parent permission MUST be gained prior to evaluating the child. Each AEA provides a referral form designed to expedite acquisition of evaluation services within its agency.

A referral should contain the following information:

- Intake data required by the LEA/AEA
- A description of the parents' and initiator's significant concerns for the child
- Specific areas to be evaluated and the professional(s) who will conduct the evaluation activities
- Parent(s) permission to obtain additional information from other professionals such as the child's pediatrician/physician, etc.

Referral procedures should protect the child's due process and procedural safeguard rights. All pertinent releases for information should be obtained from the parent(s) prior to collection of information on a referred child. Every attempt must be made to protect the confidentiality of records, reports and other information.

Attempts must be made to resolve the problem in the general education environment prior to conducting a full evaluation of the child. The PSA is implemented to generate solutions to the identified problems.

These initial intervention endeavors shall include:

- Consultation with the child's teacher(s) and special education support staff or AEA staff to improve the child's educational performance
- Communication with parents regarding the concerns
- Collection of data regarding the concerns
- Observation of the child (with parental consent)
- Implementation of activities and documentation of their results
- Dissemination of materials or information

✱ Evaluation

If the interventions implemented by the PSA team have not been effective or are too resource intensive, the child's entitlement to special education services must be determined. When a child is referred for ECSE, an evaluation is conducted to determine the child's eligibility for these services. The presence of a disability in one area can affect all other areas of development. A comprehensive evaluation will give a more complete picture of the young child's development. Assessment measures are administered to increase understanding of a child's competencies, to identify specific intervention goals and objectives for the child, and to identify the caregiving and learning environments most likely to facilitate the child's development.

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The evaluation must include, at a minimum:

- A clear definition of the problem and concerns
- An interpretive summary of existing information about the child, including the implemented general education interventions
- Identification of the child's strengths and competencies in relationship to the problem
- Collection of information that is necessary to design effective interventions. If appropriate, the following assessments should be included:
  - behavioral observation of the child in the home or center setting by someone other than the child's teacher
  - screening of hearing, health and vision
  - assessment of a child's physical development, cognitive development, communication development, psychosocial development, and adaptive development

The evaluation must be made by a multidisciplinary team. A team approach is considered an essential component of effective early intervention programs (Cook, Tessier, & Klein, 1996). Multidisciplinary evaluation ensures that diagnostic information is contributed by a variety of professionals and that the identification of a disability is a team decision. The use of a group rather than an individual helps ensure the most appropriate placement for the child. The child's parent(s) are considered to be an integral part of the team. Active parent participation is solicited throughout the evaluation process.

The number and type of professionals that comprise the team may vary according to the child and family needs.

An ECSE team may include, but is not limited to, the following:

- School district administrator (ECSE supervisor, principal)
- CBEC/Head Start administrator (if an integrated setting is being considered)
- Parent(s)
- Child's caregivers
- ECSE teacher
- ECSE consultant
- Speech/language pathologist
- Occupational therapist
- Physical therapist
- School psychologist
- School nurse
- Special education nurse
- School social worker

No single instrument or procedure is accurate enough or thorough enough to safely be used as the sole determiner of need for special education services. Effective assessment draws information from a variety of sources. Data is collected in multiple settings using multiple sources of information and multiple data collection methods. Since young children tire easily, assessment should take place in more than one session. Observation of the child in a variety of contexts is essential to obtain a comprehensive understanding of the child. Part H of IDEA requires that evaluation of children from birth to age three begin with the identification of the family's concerns, priorities and resources. Professionals are expected to engage parents in the evaluation of the child. The evaluation process should provide information that not only documents eligibility, but also provides sufficient information to

develop an appropriate educational program for the child. Evaluation should (1) identify the specific instructional needs of the child and (2) determine the services required to meet the child's needs.

Care must be undertaken during the evaluation process to recognize the effects of the child's culture, previous experiences, home environment, and the stress that the testing experience has placed on the child. Evaluation is intended to provide a picture of the whole child. Modifications in assessment procedures may be necessary to allow for sensory, physical, socio-cultural, and linguistic differences of the child being evaluated. The appropriateness of modifications and instruments shall be considered in administering tests and interpreting the results. Changes made in testing procedures should be documented in the evaluation report. Assessment should always be conducted by personnel familiar with early childhood special education who are qualified to administer the instruments.

Evaluation results should:

- Be adequately supported by the instruments or observations and summarized in clear, concise language that can be understood by the child's parents and teachers
- Document eligibility for ECSE
- Provide sufficient information to allow the multidisciplinary team to make decisions about the child's placement and the formation of an educational plan
- Be explained to school personnel, caregivers, and parents
- Include recommendations for school personnel regarding the least restrictive environment

✧ Services

Upon completion of the individual evaluation, decisions must be made regarding services for the child. A staffing conference is conducted to discuss evaluation results, implications for educational programming, and to determine recommendations for the child. Legislation requires that the staffing conference be held within 30 days of the referral unless extenuating circumstances occur. If eligibility for special education has been established, the staffing team will determine how the special needs of the child can best be met.

The site for the staffing conference can vary according to the parent and team members' needs. The site for the staffing conference must be:

- held in a setting that is convenient for the child's parents
- held at a time that is agreeable to the parents
- conducted in the primary language of the parents.

Meeting these requirements helps to ensure parent participation. For very young children, the child's home may be the best setting for the conference. This guarantees parent attendance and does not place financial constraints of a baby sitter upon the family. An evening meeting may be necessary for families in which both parents are employed outside the home.

✶ Individualized Educational and Service Plans

If the child is found to be eligible for ECSE, an individualized family service plan (IFSP) or an individual education program (IEP), depending on the age of the child, must be developed. An IFSP is the written documentation required in IDEA for the early intervention services to be provided for children from birth up to age three and their families. For children three years and older, an individual education plan provides the written documentation for the child's educational program. Children who will reach the age of three during the school year and are not receiving services from another agency may be served through an IEP.

Although both IFSPs and IEPs outline the intervention plan for young children with disabilities, differences exist regarding the requirements of these plans.

The four primary differences between the plans are:

1. The IFSP places focus on the family while an IEP is more child focused.

2. The IFSP requires outcome statements that describe the anticipated changes in the child and family while the IEP uses goals and objectives to describe the child's intended progress.

3. Part H of IDEA recognizes the need to assist families in the transition process and to ensure continuity of services by requiring that a transition plan be developed for the IFSP as child and families move from one service to another.

4. The IFSP requires that a service coordinator be identified to be responsible for implementation of the plan and coordinate with other agencies and persons providing services to the child and family.

* Individualized Family Service Plan (IFSP)

The development of the IFSP is a collaborative process between the multidisciplinary team and the child's family. The field of ECSE recognizes that infants and toddlers are uniquely dependent on their families and that families play a critical role in meeting the needs of young children. The IFSP is intended to support the natural caregiving role of the family.

The team members required in the development of the IFSP include:

1. The child's parent(s)
2. Other family members as desired by the parent(s)
3. An advocate for the family if desired by the parent(s)
4. A service coordinator who will be responsible for coordinating, facilitating, and monitoring service.
5. A person or persons who were directly involved in the evaluation process
6. A teacher who will be providing services to the child or family
7. A representative from the multidisciplinary evaluation team

Both the IEP and IFSP are written documents that outline the services to be provided by ECSE. Outcome statements and goals must directly reflect the concerns and priorities identified by the child's family.

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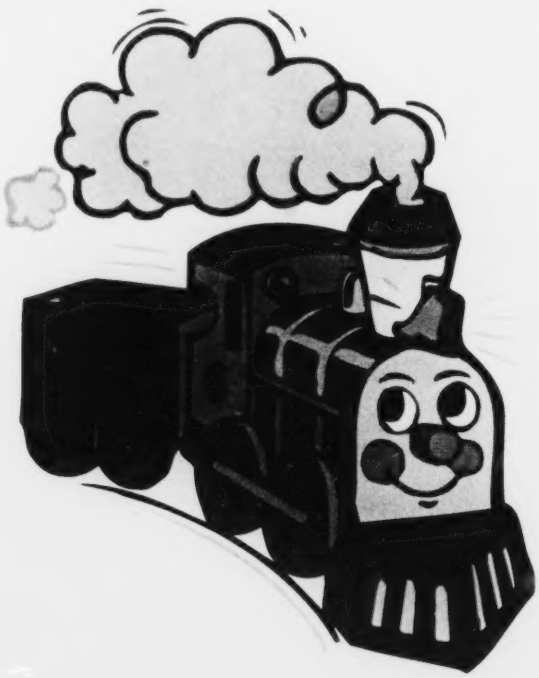
REQUIRED COMPONENTS OF THE IFSP

- A statement of the child's present levels of development: physical (including vision, hearing, and health status), cognitive, communicative (language and speech), psychosocial, and adaptive
- A statement of family strengths, resources, concerns, and priorities in relationship to the child's development
- A statement of the major outcomes expected to be achieved for the child and family
- A statement of the early intervention services that are necessary to meet the identified outcomes for the child and family
- Other support/related services or assistive technology or training considered to be necessary for the child and family to achieve identified outcomes
- Projected dates for the initiation of services and the anticipated duration of these services
- Identification of a service coordinator who will be responsible for the implementation of the IFSP and the coordination with other agencies and professionals
- Development of a transition plan prior to 90 days before the child reaches age three
- Written consent from the parents or legal guardians (must be obtained prior to provision of services)

✱ Individualized Education Program

The IEP is the core of the special education program and is required for all children three and older who receive ECSE services. The IEP is intended to serve as the foundation for the child's educational program. Although the IEP is a child-centered document, active parent participation in this process is expected. Development of the IEP is most effective when professionals recognize parental concerns and priorities in relationship to the intervention goals. The IEP team and the child's parents are to jointly decide what the child's needs are and what services will be provided to meet these needs. Parent goals and objectives should take precedence in the development of the IEP whenever realistically possible. The IEP provides written documentation of the anticipated goals and objectives that the child is to achieve and the services that will be provided to assist the child in meeting these goals.



REQUIRED COMPONENTS OF THE IEP

- A statement of the child's present levels of educational performance based on information gathered from a variety of sources such as tests, observations, work samples, etc.
- A statement of annual goals and related short-term objectives that delineate what the child is expected to learn over a specified time period. Most IEP goals are annual goals that cover the entire school year. Objectives are for shorter amounts of time and a system should be in place to update them on a regular basis. Objectives must be stated in measurable terms and:
  1. Specify what behavior(s) the child is to perform
  2. Describe the conditions under which the child is to perform the desired behavior(s)
  3. State the degree to which the child is expected to perform the behavior(s)
- A statement of the special educational assistive technology or training and related support services to be provided to help the child obtain the stated goals and objectives
- The extent of time to which the child will participate in the general education setting
- The projected dates the special education program and other services will begin and the anticipated duration that the services will be provided
- The objective criteria that will be applied to determine if the goals and objectives have been met
- The date for evaluating the child's performance and the effectiveness of the program in meeting the child's short-term instructional objectives (each child's program must be reviewed at least once a year)
- The designation of physical education services that will be made available to the child.

✧ Monitoring of the Child's Progress

Systematic progress monitoring is a part of the delivery of services to children in special education programs. Monitoring includes regular and frequent data collection, analysis of the child's performance across time and modification of interventions as frequently as necessary [281—41.47(3) (d) (256B,34CFR 300)]. Ongoing monitoring of young children is particularly important since they are more likely to experience change. Frequent examination of children in ECSE helps to ensure that children will receive appropriate instructional programs. In addition, examination of the child's movement along the continuum of special and general education program options must be considered and the necessity for continued special education placement re-examined. Federal and state laws identify scheduled times for monitoring the progress of children who are receiving special education services. Reviews of each child's IFSP must be conducted every six months or more frequently if conditions warrant. Children's IFSPs, IEPs and placements must be reviewed at least annually but may require more frequent examination. [Rule 281—41.7(4)IAC]. A three year re-evaluation of the child who has an IEP is also required.

✱ Six Months Review

The rapid rate of growth and development in infants and toddlers requires a more frequent review of the service plan developed for the child and the child's family. A periodic review of the IFSP for a child and the child's family must be conducted every six months. The purpose of this review is to examine the degree to which progress is being made in achieving the identified outcomes. At this time, plans may be revised and modified if necessary. Periodic reviews may be held more frequently if requested by the child's family or the professionals providing ECSE services to the child.

✶ Annual Review

Although annual goals included in the IEP describe the expected progress of the child over a school year, children may progress more rapidly than anticipated. The annual review shall provide:

- An analysis of the child's progress, growth, and improvement
- A determination of current educational needs
- A decision regarding the necessity of special education programs or services

Annual reviews may need to be scheduled more frequently for very young children and children with complex needs. Teams should schedule review conferences to make revisions in goals, objectives, and/or support services as often as necessary for young children.

Annual reviews may be scheduled:

- At the request of the parent, teacher or other direct service personnel
- Prior to a child's moving to another program within the school system (Ex. home intervention to center-based)
- When it appears that a child has met long term goals and objectives and may no longer need special education services
- When there is an addition, deletion, or significant change in frequency or duration of special education services
- When the current program does not seem to be appropriate
- When the child is moving to another district

The review team shall consist of the special education personnel serving the child, the child's parent(s) or legal guardian, a representative of the agency (other than the child's teacher) who is qualified to provide or supervise the provision of special education, and others deemed appropriate. Procedures for initiating and conducting the review meeting shall be in accordance with state regulations and requirements regarding accountability.

✱ Three Year Re-Evaluation

Every three years, children who are participating in special education are reevaluated in order to examine the child's progress and program options. The three year reevaluation provides the mechanism to systematically follow-up and reassess children placed in special education programs and to determine the appropriateness of continued placement.

According to IAC [281—41.77(256B,34CFR300] the purpose of the three year reevaluation is:

- to determine the child's past progress
- to identify current needs
- to determine the impact of the current interventions (program option, related/ support services)
- to identify further intervention program options and services
- to determine the child's entitlement for continued special education services.

The three year reevaluation follows the same regulations and procedures as outlined for the initial evaluation of the child.

✧ Transition

Transition is the process which takes place when a child moves from one program to another. A young child with a disability may go through many transitions. Changes in placement or services often are dictated by changes in the child's age or abilities. The first transition may be from a hospital's neonatal intensive care unit (NICU) to an AEA infant ECSE program. Other points of transition may occur when the child moves into an ECSE center-based program and when the child enters an elementary level program. If the child's family moves to a different community, additional transitions will be necessary.

Children in ECSE encounter two categories of transition. For young children in ECSE, transition can mean a move to a different special education program. However, for some children, transition may be the termination of ECSE services and movement into general education. Early intervention can, in some cases, ameliorate the need for continued special

education services. Regardless of the underlying reason for change, transition is a sensitive process. LEAs must be prepared to lessen the negative effects of transition, assist families in the transition process and ensure continuity of services.

* Transition To A New Program

Entering a new program can be a difficult experience for a young child and his/her family. The transition between programs may mean a shift in teachers and staff, as well as program model, philosophy, curriculum, location, and agency. The family and child may experience stress as a result of transition. Differences in program curriculum or teaching styles may affect the child's adjustment or acquisition of new skills.

In the past, transition efforts focused on preparing children and families for the differences that would be encountered between the programs. More recently there has been a growing recognition that the key to successful transition is to ensure continuity of services both in and out of the classroom. Continuity in the following three key areas of ECSE programs can facilitate continuity of programs: developmentally appropriate practice, parent involvement and supportive services for children and families (Lombardi, 1992). Cooperative transition planning among teachers, administrators, care providers, parents and support staff can help build programs that create continuity for young children with disabilities and their families.

Difficulties in transition and adjustment to a new program can be lessened if planning begins early and there is ongoing communication among the sending and receiving programs and the family. Planning activities should involve the child's parents, the sending staff, and the receiving staff. All persons involved in transition have responsibilities which, when carried out, will lead to a smooth transition for the child and others involved. Parents are an important part of the team and have certain responsibilities in the transition process. Fowler (1988), suggests the following transition activities for agencies, programs and families for facilitating transition between programs.

Interagency planning: Each agency should develop a written transition plan outlining the activities involved in changing placement of a child and family. The plan should contain a suggested timeline for each activity and staff assignment for ensuring completion of each activity. The sending and receiving agencies should communicate and coordinate this plan with one another. After the transition is

completed, the agency should evaluate the quality of the transition from the program's and family's perspective.

Program Planning: The sending program staff should obtain basic information regarding the next placement in order to prepare the child and family for the new program. Such information might include the program's philosophy, schedule, routines, curriculum, and skills expectations. Exchange visits between programs are one way to gather this information and make the planning easier. When possible, the sending program should introduce the child to skills that will be needed in the new program as well as new routines. Staff should also prepare the family for differences in the level of family contact or support.

Family Planning: Families should have the option to participate in all phases of transition planning and should be provided with the anticipated sequence of activities and a time line for completing the transition. Families can be encouraged to visit the new placement option and meet with the new staff. Families should be included when the child and family needs are identified and prioritized at the placement conference, and they should participate in any decisions regarding child placement. The child's parents need to be made aware that they have a role in the decision-making process and have the right to have another individual (friend, relative, advocate) with them at transition meetings. They can also help prepare the child for the transition by taking the child for a visit to the new program, discussing the change, and including skills and routines expected in the new program in their daily home activities.

Federal law mandates that states develop policies and procedures for the smooth transition from Part H to Part B. In Iowa, at least 90 days prior to the child's's third birthday, the Part H early intervention service coordinator shall address any issues related to transition including:

- A description of how the family will be included in the transitional plan
- A notification to the appropriate local education agency (LEA) in which the child resides
- Convening, with the approval of the family, a conference among AEA and LEA representatives, the family, and other relevant agencies. This shall occur AT

LEAST 90 days before the child's third birthday, or if earlier, the date on which the child is eligible for the preschool program under Part B of the Act in accordance with state law. This conference shall have the follow purposes:

1. To review the child's program options for the period from the child's third birthday through the remainder of the school year (this may include consideration for extended year special education);
2. To establish a transition plan; and
3. To assure that an individualized education program is developed for those children continuing to be eligible for special education services.

The IFSP shall support the transition of the child to preschool services under Part B of the Act to the extent that those services are considered appropriate, or other services that may be available if appropriate.

When a child transitions from the Part H early intervention system, the AEA will:

1. Notify the appropriate LEA or AEA in which the eligible individual resides, in keeping with Iowa's commitment to provide a seamless system of special education services for children from birth through twenty-one years of age, children from birth through two and children three through five years of age shall be provided comprehensive special education services within the public education system. The family's resident school district will be notified in order to assure continuity of services and the appropriate involvement of local district personnel. Best practice would indicate notification of the local district upon determination of child/family eligibility for special education services.

2. Convene, with the approval of the family, a conference among the family, the LEA or AEA at least 90 calendar days before the child's third birthday or, if earlier, the date on which the individual is eligible for the preschool program under Part B in accord with the state law to review the eligible individual's program options for the period from the individual's third birthday through the remainder of the school year.

Bennett, Nelson, and Lingerfelt (1992) offer the following eight steps essential to transition planning:

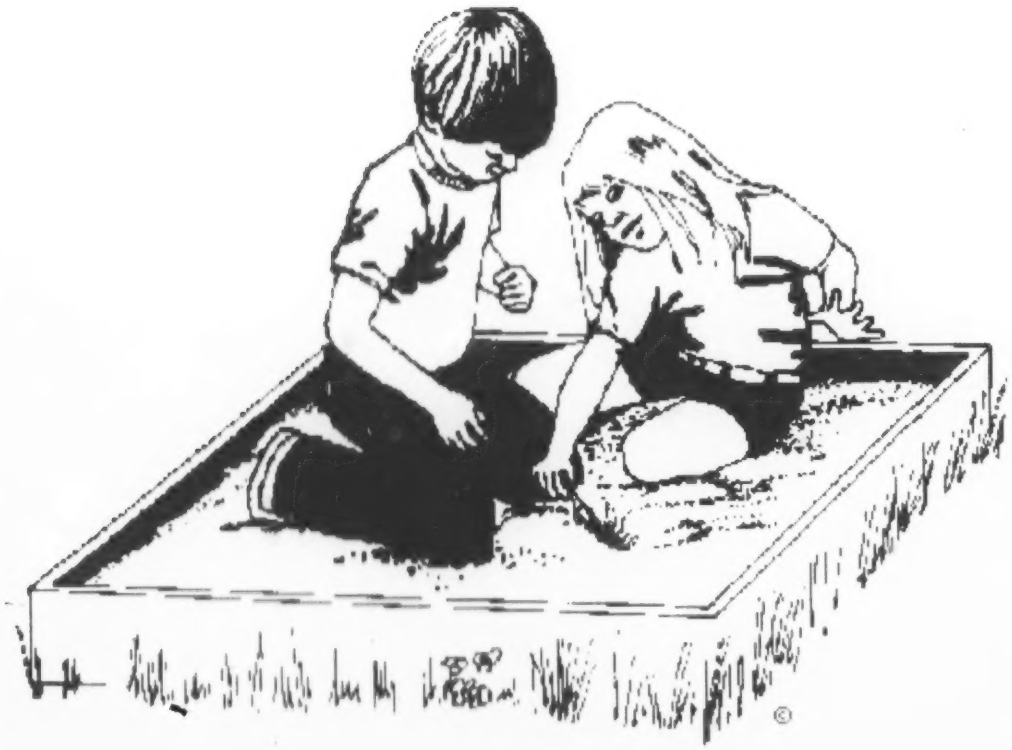
Steps to Successful Transitions
Developed by Bennet, Nelson, & Lingerfelt (1992)

1. Identify the objectives of the transition and the roles and responsibilities of the transition team
2. Develop a timeline for the steps involved in the transition
3. Accompany the child's parents as they visit and evaluate program options
4. Discuss program options with transition team and parents
5. Encourage the parents to identify their choice of program options
6. Arrange for the timely exchange of necessary paperwork and records
7. Assist child and family during the transition
8. Encourage follow-up on the child and the transition procedures and revise the plan to improve transition efforts

* Exit From Special Education

For children that no longer require special education services, the transition from special education to general education must be carefully facilitated. The decision to exit a child from special education is determined by the IFSP/IEP team which includes the child's parents and should be based on information derived from current assessment data which indicates that the child no longer has a significant delay. Transition planning will be critical to ensure the child's successful movement into general education. A transition plan should be developed and implemented to inform the receiving staff, assist the family, and to prepare the child for the next environment.

Children who are determined to no longer need special education services may be followed periodically through observation, contact with the parents, and/or with regular education teachers. This observation should continue at regular intervals which are mutually determined by the parents, principal, regular and special educators and support staff, as appropriate.



ECSE HANDBOOK

ADMINISTRATIVE ISSUES

✦ EARLY CHILDHOOD SPECIAL EDUCATION PERSONNEL

Well-qualified personnel are the single most important ingredient in providing quality ECSE programs. ECSE personnel include administrative, instructional, consultative, and support staff. The specific composition of personnel may vary depending upon the focus of the local program and the specific needs of individual children. Each agency will use a somewhat different combination of professionals and paraeducators to conduct ECSE activities. Administrators, instructional staff, consultants, and support staff work cooperatively as a team to meet the needs of young children with disabilities and their families. Each person on the team brings expertise in their specific area. Together they formulate ideas and make adjustments to implement the best total program for the young child with disabilities.

All staff members serving in these positions need to meet appropriate licensure (certification) requirements. All professional personnel, either directly or indirectly involved in a program for young children with disabilities, must possess certain core knowledge. The following assumptions reflect the underlying beliefs of effective early education and early intervention for young children:

- The uniqueness of early childhood as a developmental phase;
- The significance of families in early childhood development and early education and intervention;
- The role of developmentally and individually appropriate practice;
- The preference for service delivery in inclusive settings;
- The importance of culturally competent professional actions; and
- The importance of collaborative interpersonal and interprofessional actions.

It is recommended that staff members serving young children with special needs have job descriptions which define duties and responsibilities that specifically include ECSE assignments. A job description and list of staff responsibilities should be used when conducting interviews to fill staff positions.

Attributes for Early Childhood Special Education personnel include:

- Thorough knowledge of both early childhood and early childhood special education and the characteristics of this unique period of development
- Prerequisite requirements such as licensure, training, and experience in the area(s) of specialty, along with references from former employers and/or instructors
- Training and experience that is compatible with the program model and philosophy
- Commitment and experience in developing and implementing parent involvement programs
- Skill in program planning for the total child and in individualizing curricula
- Skill in managing the learning environment
- Ability to function as a team member
- Indicators of flexibility, enthusiasm, and the ability to handle stressful situations
- Good communication skills
- Compatible traits with existing staff in terms of personality and work style
- Strong professional values and ethics

✧ Administrative Staff

The ***supervisor*** or ***administrator*** must possess knowledge and skills specific to early childhood and early childhood special education. Administrative leadership and vision plays a significant role in providing effective services to young children with disabilities (Gameros, 1995). Administrators who model "joint ownership" of all children in early childhood education create an atmosphere in which children with disabilities are viewed as the responsibility of all school or center personnel (Odom & McEvoy, 1990). Administrators play a lead role in identifying inclusion as a preferred service delivery option (DEC & NAEYC, 1993).

Suggested qualifications for ECSE administrative staff are:

- Knowledge of both early childhood and early childhood special education
- Experience as a preschool special education teacher
- Knowledge of state and federal laws, rules and regulations
- Demonstrated ability to secure funding and/or maintain budgets
- Ability to function as a team leader
- Ability to supervise staff and secure and manage resources
- Knowledge of current state-of-the-art early childhood special education programs and practices
- Commitment to ongoing program evaluation
- Ability to facilitate parent involvement

✧ Instructional Staff

Early childhood has been deemed a unique period in development that requires educators to be thoroughly grounded in developmental theory and possess teaching strategies to create environments that are supportive of children's development. Instructional staff include both home-based and center-based teachers as well as classroom paraeducators (sometimes referred to as paraprofessionals, aides, assistants, or associates).

✶ Teachers

The teacher of young children with disabilities has the monumental task of providing a successful and positive educational experience for young children and their families. Teachers must be prepared to establish a learning environment based upon developmentally appropriate practice that meets the needs of all children. Their role requires knowledge of both regular and special early childhood education.

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Some of the responsibilities may include:

- Establishing rapport and a positive climate
- Providing instruction in regular education settings
- Developing a trusting relationship with children and their families through effective communication
- Designing and implementing the curriculum
- Developing a healthy self concept in each child
- Enhancing positive interactions among children of varying levels of ability as well as cultural and ethnic backgrounds
- Working as a team member with support staff, paraeducators and parents
- Disseminating information
- Conducting assessment and data collection activities
- Individualizing instruction
- Recognizing the uniqueness of each child and family in their abilities and values
- Maintaining IEP/IFSPs
- Providing a safe environment for learning
- Programming for different disabilities and functioning levels of young children

Today's early childhood teachers must be armed with knowledge traditional to both early childhood and early childhood special education (Burton, Hains, Hanline, Mclean, & McCormick, 1992). They must be competent in problem solving and implementing strategies that will accommodate all students. Increasing numbers of young children with disabilities are being educated in regular community-based settings or natural early childhood environments with the necessary support. To meet these challenges, licensure requirements for early childhood special and general educators have been combined into a Unified Early Childhood Endorsement with an implementation date of August 31, 1997. This endorsement realigns the endorsement requirements for regular early childhood (birth-8) and early childhood special education (birth-5) into a Unified Early Childhood Endorsement for

children birth through age 8. Unified licensure will require universities and colleges to offer coursework which will prepare teachers to work with all young children.

The following current special and general early childhood endorsements will be discontinued on August 31, 2000: early childhood special education; prekindergarten-kindergarten, and birth to grade three. However, licenses issued prior to this date will remain in force. Current practitioners who wish to obtain the Unified Early Childhood Endorsement will need to have their transcripts evaluated by appropriate faculty at a university or college to identify what is needed to meet the unified licensure requirements.

Since the Unified Early Childhood Endorsement is a new license, no one will be "grandfathered" in. Individuals holding any one of the early childhood or special education licensures being eliminated as of August 31, 2000 will continue to be authorized to perform the jobs for which they were qualifed at the time of issuance.

* Special Education Paraeducator

Paraeducators have been defined as individuals who, through assistance or aid, extend the effectiveness of classroom teachers or other early childhood support personnel (Cook, Tessier, & Klein, 1996). A paraeducator functions under the direct supervision of the teacher. Some of the responsibilities of the paraprofessional may include:

- Working with children individually in small or large groups
- Assisting in planning for the instructional and training needs of pupils
- Maintaining data necessary to provide evaluation of pupil behavior and performance
- Assisting with utilization of instructional supplies and materials
- Assisting with classroom management
- Participating in staff development activities
- Performing other specific general duties assigned by the teacher or ECSE supervisor.

✶ Substitutes

Substitutes must be provided for teachers and paraeducators in the event of illness or absence from the classroom. Substitutes for paraeducators should have a high school diploma and previous experience with children. Substitutes for early childhood teachers should have early childhood licensure. Teachers licensed in areas other than early childhood may be utilized in the event a substitute with appropriate early childhood licensure is unavailable. It is not permissible for a paraprofessional or other non-certified person to assume responsibility for the classroom supervision and programming.

✧ Consultative Staff

Consultants provide ongoing support to special and general education instructional personnel delivering services to young children with disabilities. Consultative staff include Early Childhood Special Education consultants and facilitators. The primary purpose of consultation is to enhance programming for young children with disabilities in home and center-based programs, as well as integrated settings.

Early Childhood Special Education Consultant

ECSE consultants' responsibilities include:

- Assisting in the development and implementation of curriculum
- Demonstrating instructional procedures, strategies, and techniques
- Coordinating with team members regarding referral, placement and IEP/IFSP processes
- Visiting programs on a regular basis
- Assisting staff in keeping individual files and rosters up-to-date
- Assisting in transitional planning
- Assisting staff in classroom management and behavioral intervention
- Monitoring children placed in least restrictive environments with general education teachers.

The ECSE consultant must hold licensure and have a minimum of four years of ECSE teaching experience.

✱ Transition Facilitator

Some AEAs employ transition facilitators. Transition facilitators are responsible for the transition of children from one educational environment to the next. This involves coordinating with parents, receiving personnel, e.g., elementary teachers and principals, community-based early childhood programs personnel, Head Start teachers, and day care providers.

✱ LRE Facilitator

LRE facilitators monitor the IFSPs/IEPs of children with disabilities that are placed in community-based early childhood programs and assist by supporting children with disabilities in integrated settings. LRE facilitators must hold early childhood special education licensure.

✱ Support Staff

Support staff for ECSE programs are involved in evaluation, planning, and program implementation. Before placing a child in an ECSE program, the child must have a multidisciplinary evaluation. The child's age and presenting programs determine who needs to be involved in the evaluation process. Many support staff are also involved in the implementation of programs for young children and their families.

The need for and influence of each support person has been a consistent factor in the educational process in the past and should continue to be in the future. The responsibility of meeting each individual child's needs rests within a cooperative team effort between instructional and support personnel and parents.

✦ FAMILY INVOLVEMENT IN EARLY CHILDHOOD SPECIAL EDUCATION

Legal mandates have clearly established that families play a fundamental role in the education of young children in ECSE programs. Parents are to assume an active role in their child's educational program. Parent involvement includes written consent for an evaluation of their child's entitlement to special education services, participation in the development of the child's IEP/IFSP, and formal agreement to the finalized IEP/IFSP. Partnerships between families and educators enable both parties to make more effective decisions about the child's education.

In early childhood special education, emphasis is placed on the active participation of parents. IDEA, Part H mandates that ECSE services to children from birth to age three must maintain a family-centered focus. The language in this law changed from "parent involvement" to "family involvement" in recognition that no family member functions in isolation from other family members. The language and intent of this law has further emphasized the role of the family as the most important member of the team within the early intervention system. In the spirit of the law, parents are viewed as dynamic decision makers and resources in building programs and systems that meet the needs of children and families.

✧ Facilitating Family Involvement

In order for family involvement to occur, there must be a commitment on the part of the administrators and teachers of ECSE programs to involve families. Family involvement cannot become a reality until educators recognize the contributions that families can make as adult partners in the education of their child (Fitzgerald & Goncu, 1993). The first step in facilitating family involvement is to acknowledge that each family is unique and must be responded to on an individual basis (Stahlman, 1994). To do this, early childhood special educators must become familiar not only with the needs of the child but also become familiar with the needs, concerns, priorities, and resources of the family in relationship to meeting the child's needs.

✧ Providing a Range of Options for Family Involvement

Just as children with disabilities have individual needs, so do their families. A program designed for family involvement in the special education of young children must consider the wide range of families' abilities and interests. Some possibilities are:

✧ Home Visits

Visiting in the child's home is one of the best ways to ensure family participation. Parents may feel more comfortable meeting with professionals within their own home than in the school environment. With a parent's permission, a visit in the home with the child's family allows the educator or therapist valuable insight as to how the child functions in his/her natural environment. Observation of the child in the home also facilitates opportunities to provide consistency between home and school routines which is important for the child's maximum growth and development. ECSE curriculum should incorporate activities and experiences that parents value and engage in at home.

✧ Counseling

The implications of a child's disability may cause stress within the family. Counseling sessions between trained psychologists, social workers, etc. and family members may help refocus the family and provide the support necessary to increase coping skills. AEA/LEA personnel may provide counseling services or refer families to other agencies.

✧ Parent groups

Parent groups can meet in the school or in parents' homes. Meetings should occur at times during the week when most parents can attend. It may be possible for the school district to assist parents in making transportation and/or child care arrangements. Parent groups can take many different forms. The most effective groups are those that follow the concerns and interests of the parents within the group.

Parent Education Groups. These groups serve the purpose of providing parents with knowledge about child development and special education. Meetings usually center around topics, such as behavior management, nutrition, selection of toys, etc. As in other types of parent groups, topics to be covered during the meeting should be based on parents' interests and perceived needs. By encouraging parents to take the lead in their educational program, professionals foster a relationship built on mutual respect and trust.

Parent Support Groups. Support groups serve a different function than parent education groups. Parents learn from each other and parents of young children with special needs often welcome the opportunity to share with others who may have faced similar experiences. When initiative to form a support group comes from parents themselves, the likelihood of success is greatly increased.

Parent support groups depend on the facilitation of an experienced parent or professional who can encourage the establishment of trust within the group. Characteristics which a parent group facilitator should possess are:

- Experience with group leadership.
- Knowledge of group dynamics.
- Sensitivity to needs of parents.
- Warmth.
- Good listening skills.

Parent Advisory Groups. Advisory groups provide opportunities for increased collaboration between parents and educators. Parent advisory groups are an effective mechanism for obtaining parental input concerning program operations. When the parents' perspective is included in decisions about program operations, the needs of children and their families are better served.

✧ Family Participation in the Classroom

Family members should be allowed opportunities to visit the child's program while it is in session. With planning and preparation, a family member's visit to the classroom can be a positive experience for the family member, teacher and child. Some options for family participation include observation through a one-way screen, observation in the classroom, interaction with one or more children, or assisting the teacher or therapist. A professional can often help family members understand what they will be observing in the classroom and help them understand the linkage of activities to skill acquisition.

Family members may serve as volunteers in the classroom setting. Parent volunteers should be provided training and given specific duties to assist preschool classroom personnel.

✧ Family Participation in Staff Inservice Training

Staff workshops about specific disabilities, child development, adaptive equipment, and other assistive technology may be of interest to some families of young children with disabilities. Efforts made to involve family members could include sending special invitations and offering assistance with child care and travel expenses when possible.

✧ Toy Lending/Resource Library

Families do not always have access to books, games, and activities that are developmentally appropriate for their child. Other families are interested in reading material about their child's disability or another related topic. A lending library can assist families in gaining knowledge and skills. Materials can be brought on home visits, sent home with children, or be available at the school or center.

✧ Newsletters, Booklets

Communication with families can be facilitated by a newsletter that describes classroom activities and is sent home on a regular basis. Other information about activities for young children and child development can be distributed to families in other formats. Many booklets and newsletters can be obtained through advocacy organizations and agencies such as the I.S.U. Extension Service. Families can be invited to participate in the preparation of newsletters and booklets.

✦ INTERAGENCY COLLABORATION

Young children with disabilities and their families often require a myriad of services from multiple agencies. Physicians, public health nurses, nurse practitioners, nutritionists, community-based early care and education providers, and social workers play a key role in providing the services that are necessary to meet the needs of young children with disabilities. In addition, an increasing number of young children with special needs are receiving ECSE services in community-based early childhood settings.

Collaboration provides an effective management system for addressing the complex needs of young children with disabilities and their families and maximizing the use of financial resources (Kagan, 1992). Interagency collaboration also minimizes the risk that children and their families will experience inefficient service provision or become lost and confused in the maze of services and agencies. The following three elements define the process of collaboration:

- Identification of and agreement upon joint goals and objectives;
- Shared responsibility and resources for obtaining these goals; and
- Creation of a formal structure to support the work of the collaboration. (Kagan, 1992).

✧ Collaboration at the State Level

Iowa has demonstrated a strong commitment to interagency collaboration. In 1995 the Iowa Department of Education, the Region VII Office of Family Supportive Services, and the Iowa Head Start Director's Association entered into a Memorandum of Agreement intended to provide guidance for collaboration among agencies providing services to young children.

Areas of agency collaboration at the state level may include:

- Joint child find activities to increase public awareness of programs and services for young children with disabilities and their families and to involve all agencies that are potential referral sources;
- Joint screening activities;
- Joint participation in the evaluation process;
- Provision of families with information, training, and skills so that they may advocate successfully for their child;
- Inclusion of families in the joint development, implementation, and monitoring of children's IEPs or IFSPs;
- Commitment to develop and implement effective programs in the least restrictive environments;
- Implementation of a coordinated system to ensure a meaningful transition for children and families; and
- Development and implementation of long range staff development plans.

✧ Collaboration at the Local Level

Early childhood special education professionals can contribute to improving interagency collaboration in their own communities by:

- Familiarizing community agencies and groups with the ECSE services available and informing them of the referral and eligibility process;
- Becoming familiar with services available from other public and private agencies and learning how to access them;
- Making appropriate referrals to other agencies and responding to incoming referrals and requests for information;

- Making local community-based early childhood centers preferred placement options for young children with disabilities;
- Including other service providers as part of the child's planning team;
- Providing joint training opportunities for ECSE staff and community providers;
- Developing coordinated transitions procedures as children move from one program to another;
- Coordinating services through informal and formal agreements; and
- Developing local interagency early childhood advisory boards.

IDEA, Part H clearly outlines the mandate for coordination of services. Ongoing communication with other agencies is needed to develop public awareness of early intervention services, establish a referral network, coordinate services, and provide services in the appropriate least restrictive environment. An interagency agreement specific to Part H early intervention services exists between the State Departments of Education, Public Health, Human Services and Child Health Specialty Clinics at the University of Iowa. The Department of Education serves as lead agency for Part H. Educators and related service personnel should maintain open, collaborative relationships with human service agencies, the medical community, local early childhood care and education providers, etc. Ongoing discussion and exchange of information will facilitate continuity in the services that each agency provides to families. While collaboration between agencies is essential, it is also necessary to protect the confidentiality rights of parents and children. Exchange of records requires parent's signature before release.

Collaboration is a time-consuming process. Administrators must be aware of the extra time required to effectively coordinate services. When planning class size, case loads, schedules, and staff ratios, administrators need to allow extra time for instructional and support staff to conduct home visits, observe children in integrated settings, attend interagency meetings, and to develop relationships with various agencies. Effective collaboration can ensure that children entitled to early special education receive the services that are necessary to meet their needs.

✦ PROGRAM REVIEW

It is critical that agencies providing services to young children with disabilities consider the strengths and weaknesses of their program. Through a well designed review process, ECSE programs can identify areas that can be improved, collect data for decision making, and set goals. The review process can be useful in providing specific feedback to staff and administration. Feedback can serve to reinforce personnel and promote the effectiveness of the program.

The Iowa Early Childhood Special Education Program Review was developed by ECSE supervisors, consultants, teachers, and administrators. The program review process is not one of evaluation or monitoring but is intended to be internal/self-improvement oriented. The process looks at programs in a functional and objective manner.

Six major areas have been identified for consideration during the program review. These include:

- ➢ child identification,
- ➢ program placement,
- ➢ curriculum and instruction,
- ➢ physical environment,
- ➢ family involvement/training, and
- ➢ administrative issues.

Under each of these six areas, specific components have been identified that are based on early childhood special education research and Effectiveness Indicators for Special Education, and contribute to quality services in each area.

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Early Childhood Special Education (ECSE) program review may be requested by any AEA or local school district providing services to young children with disabilities by contacting the state ECSE consultant or any member of the ECSE Technical Assistance Team at (515) 281-3176.

The Department of Education, Bureau of Special Education will:

- facilitate the planning of the reviews;
- provide consultants to assist with carrying out the process; and
- take responsibility for the development of a report of the findings.

As a follow-up to the review, the Department of Education will assist with the location of resources needed to carry out the recommendations. Funding of activities required to implement recommendations may be partially supported through grants from the Bureau of Special Education, Department of Education.

ECSE LEGAL ISSUES

✦ SCHEDULING OPTIONS

The parameters attached to best practice and administrative practicalities present challenges to the providers of instructional and support services for infants, toddlers, or preschool-aged children with disabilities and their families in scheduling the delivery of services. ECSE administrators and staffing teams must consider parental concerns when identifying schedules and routines for children with disabilities. Parents' need for coordination with child care, services by other agencies, health management, and other factors must be taken into account when arranging center-based, home instruction, and/or support services. Accommodation for family preferences and needs are made whenever possible. Flexibility may be limited by the needs of other children, personnel, and transportation.

Programs in Iowa typically follow the nine month school year scheduling format in order to be consistent with LEA and AEA calendars. When planning ECSE program schedules and staffing patterns, alternative calendars may be considered. The ECSE population may require continuity of service that is not reflected by a three month hiatus in the summer. Factors to be considered in designing ECSE schedules include:

- Infants and toddlers with special needs are entitled to services during summer months;
- Young children identified in the spring should not wait two to three months for services to be initiated; and
- Other agencies provide services through the summer months.

Options available for offering services during summer months include:

1. Calendar adjustment to extend implementation of IEP/IFSPs throughout the calendar year. Calendar adjustment enables selected staff members to maintain a staggered schedule throughout the school year and add days during summer months. The IEP/IFSP is implemented throughout the calendar year. Suggested calendar adjustments:

- Three weeks of intervention, 1 week off, for 12 months;
- Four day intervention during school year, added days in summer; or
- Scheduled blocks of vacation days during the school year with intervention days scheduled into summer months.

2. Summer school is a service that is differentiated from those services defined by the IEP. Summer school programs are considered discretionary as they are funded differently than programming defined by the IEP. Summer school may be funded by federal funds or carry over dollars from the local district. Summer school services typically are usually six weeks in length or less, and may not be available to all children in an agency. These services are often made available as a practicum site for student teachers.

3. Extended year programming. To ensure provision of FAPE, extended year special education may be provided to a child in identified critical skill areas. Critical skills must (1) be determined at the development or revision of the child's IFSP or IEP, (2) be appropriate given the child's ability to acquire the skill, (3) be a priority for developmental and age-appropriate growth. The extended special education instructional program, support service or both may not be in session for periods of three or more consecutive weeks.

✧ Amount of Time Per Day and Week

Full time enrollment in an early childhood special education program should consist of scheduled attendance for a minimum of 20 hours weekly. The option that has been identified as best practice when efficiently executed is full day services to children four days a week and one day per week for teachers to work with families.

Part day programming could consist of any number of combinations of scheduling possibilities, the total of which would not exceed 20 hours weekly of instruction. Morning and/or afternoon sessions from two to three hours in duration, five days weekly is one option. Longer sessions spanning a greater portion of the school day scheduled two or three days weekly is another option.

It is not appropriate to enroll children in programs when the geography of their home in relationship to the site of the program's location requires transportation exceeding one hour for one way. First, transportation time to and from the instructional program is not considered program attendance hours. Secondly, young children and those with severe or multiple disabilities are particularly vulnerable to the possible negative impact of excessively long transportation arrangements.

✧ Class Size

The Rules of Special Education, [281—41.84(1)"a"(4) & "b"(4)] define the maximum class size limits for early childhood special education classrooms. The staff-to-pupil ratio for preschool age pupils with disabilities is one teacher and one educational aide for each class.

The staff-to-pupil ratio in self-contained special classes for children with severe disabilities (Level III) shall be one teacher and one educational aide for each five pupils. When pupils numbering six through nine are added, an additional educational aide must be employed. When the tenth pupil is placed, another teacher must be employed for that program.

✦ TRANSPORTATION

Unique transportation arrangements are often required for young children with disabilities. Many parents are unable to transport their child to school due to economic, family, and health reasons. According to Iowa Administrative Code, transportation of pupils requiring early childhood special education shall generally be provided as for other pupils, when appropriate. Specialized transportation of a pupil to and from a special education instructional service is a function of that program and, therefore, an appropriate expenditure of funds generated through the weighted enrollment (281-41.8(281)IAC).

Transportation services that can be provided to young children with disabilities include:

- Transportation from the child's home to the instructional program and back to the child's home or to a child care placement
- Special assistance or adaptations in getting the child to and from the instructional program and/or on and off the vehicle, en route to and from the instructional program
- Transportation to and from a special education support service as identified in the IFSP or IEP
- Reimbursement of transportation costs when parents agree to provide transportation for the child
- Transportation of the child for required educational diagnostic purposes.

When transportation concerns are identified and delineated in the child's individualized education Program, the following options could be considered:

- Utilizing district school vehicles (for regular or special education children);
- Local district contracts with the parent to provide transportation. Costs are reimbursed at actual costs of the transportation to the parent;
- Contract with a private service or public transit (i.e., regional transit or a local taxi service);
- Parent contracts with a friend, relative or other to provide transportation. The district will in turn reimburse the parent for the actual costs incurred by the family;
- Another school district provides the necessary transportation and bills the local district; and
- Bus aides may be considered when safety in the vehicle is questioned. The child's safety is the responsibility of the sending district.

Districts may ask parents to transport children and may reimburse them for that cost. However, parents may not be required to transport their child as a condition for the provision of services. If parents are unwilling or unable to transport their child for services, the responsibility for transportation remains with the district. The district responsibility includes transportation to and from any program the district is contracting for services (i.e., Head Start, private nursery school, day care, etc.).

✧ Transportation Time

Transportation time per trip, under normal conditions, shall not exceed 60 minutes (281-43.1(3), IAC). This limit may be waived upon request of the parents. Children's designated time in special education instructional programs cannot be shortened for transportation purposes. Classroom hours for children participating in center-based programs should be identical to regular education students, unless other recommendations relative to hours of school attendance are specified in the student's IFSP or IEP. All lifts, wheelchair holders, retainers, two-way radios, etc. shall comply with specifications for school buses.

✧ Transportation of Students by Teacher/Teacher Aide

Liability concerns may limit the use of personal vehicles. Staff should check with their administrator prior to transporting children in personal vehicles. Transportation procedures should be delineated for the following instances:

- Field trips
- Child illness
- Parental absence when bus delivers child
- Child accompaniment on home visits
- Emergency/medical need when nurse is unavailable
- Child truancy or "missing" the bus
- Summer programming
- Parental request
- Evaluations (in or out of AEA or district)

✧ Transportation to Integrated Setting

The IEP team may determine that transportation to an integrated setting, e.g., community-based early childhood program, Head Start, day care program, is required to provide a free appropriate public education. Special education transportation should be listed as a support service in the IEP.

✦ IMMUNIZATION

Immunization is an effective means of ensuring children's health and safety. The Iowa school immunization law requires parents to vaccinate their children against diseases such as diphtheria, tetanus, pertussis (whooping cough), measles, rubella, and polio. All children enrolled in center-based programs operated by the public schools, AEAs, or community-based early childhood centers must be immunized.

RECOMMENDED IMMUNIZATION SCHEDULE FOR YOUNG CHILDREN

2 Months	HB. DTP.OPV. HIB
4 Months	HB. DTP.OPV. HIB
6 Months	HB. DTP.OPV. HIB
12-15 Months	MMR
4-6 Years	DTaP,OPV,MMR

HB = Hepatitis B

DTP = Diphtheria, Tetanus, Pertussis

OPV = Oral Polio Vaccine

HIB = Haemophilus influenzae type B

MMR = Measles, Mumps, Rubella

DTaP = Diphtheria, Tetanus, accellular Pertussis

✧ Proof of Immunization

Parents are required to submit a completed and signed Iowa Department of Public Health Certificate of Immunization to the school principal or center administrator. The program administrator (the school principal or center director) must keep the signed certificate on files in the school or center. Children who do not submit this proof cannot be allowed to attend center-based programs. Children who have begun but not completed the required immunizations may be granted provisional enrollment. To qualify for provisional enrollment, the child must have received at least one dose of diphtheria, tetanus, pertussis (DTP); polio; measles and rubella.

✧ Exemptions to the Immunization Law

Any child who is identified by a medical doctor or doctor of osteopathy as having a medical condition which keeps them from being immunized may qualify for an exemption to the law. Children may also be exempt from the law if they are a member or follower of a religion which opposes immunization. A Certificate of Exemption must be obtained from the Iowa Department of Public Health.

✦ CHILD ABUSE REPORTING

Certified school employees, school nurses, social workers, and psychologists are required by law to report suspected child abuse or neglect. Staff are required to attend an inservice on the subject and receive a certificate verifying completion. Criminal and civil penalties can be given for failure to report suspected child abuse. Staff are immune from liability for erroneous reports filed in good faith (See Code of Iowa Sections 232.67-.77, 1983).

The law now requires that the Department of Human Services notify mandatory reporters, such as certified school employees, of the results of specific child abuse investigations. (S.F. 2293, 1984, & 23).

Public and non-public school administrators are required by law to cooperate with investigators by providing confidential access to reported child abuse victims and to all other children alleged to have information about the abuse. Investigators from the Department of Human Services can determine who is present at the interviews. School officials are under no obligation to report the investigation or interview to the child's parents or guardian (H.S. 2302, 1984, & 3). Administrators can be ordered from the room where the interview occurs, even in their own offices.

An oral report of suspected abuse or neglect is required within 24 hours and a written report within 48 hours. Many agencies require notification of the principal or administrator. Call the local Department of Human Services office or the Central Child Abuse Registry (1/800-362-2178) for forms and information. All schools and AEAs should maintain a copy of the current form to facilitate prompt referrals.

Suspected abuse or neglect emcompasses more than just the intent to cause physical injury. Neglect can include failure to provide adequate food, clothing, shelter or other necessary care (i.e., mental health, emotional needs, proper supervision, medical treatment or financial support if the parent had the financial ability to meet the need). The informant's name is confidential, but may be released with a court order.

✦ ECSE FUNDING

When a child is determined to be eligible for special education services, these services must be provided at no cost to the parents. ECSE services are funded through utilization of federal, state, and local funds. In Iowa, a consolidated plan exists for flowing federal funds to AEAs for ECSE services. Funding for the birth through age two population stems primarily from federal sources while state and local funds are utilized for children attending center-based programs. Federal funding is primarily utilized for support services such as occupational, physical, and speech therapy; consultants, supervisors, social work services; special education nurses; school psychologist; audiologists, etc. that are provided by the AEAs. Federal funds also support the home instruction teachers who are typically assigned to work with infants and toddlers with disabilities and their families.

◇ Special Education Weighting Plan

Center-based placement options are provided through the use of special education weighted formulas. Three levels of special education services, based on the relationship between the general education program and the specially designed instruction for an eligible child, have been identified.

Weighted Levels of Service

Level One provides specially designed instruction for a limited portion or part of the educational program with the general education program being considered appropriate for the majority of the child's educational program.

Level Two provides specially designed instruction for a majority of the child's education program. This level requires substantial modification, adaptations, and special education accommodations to the general education program.

Level Three provides specially designed instruction for most or all of the child's educational program. Extensive redesign of curriculum and substantial modification of instructional techniques, strategies, and materials is required at this level.

Children below the age of six may be designated as full-time or part-time students depending on their individual needs. The following factors (weightings) are used to fund placements and services as described in an IEP:

Full-time instructional 2.35

Part-time instructional 1.68

Full-time instructional 3.74

Part-time instructional 2.37

The 2.35 (full-time) or 1.68 (part-time) factors are used for those children in the mild/moderate range and the 3.74 (full-time) and 2.37 (part-time) factors are applied for those who are severely impaired and require a smaller pupil/teacher ratio and more extensive adaptations. The director of special education, or LEA designee, will assign the weighting needed to support the appropriate program as defined by the IFSP or IEP.

Instructional funds generated through weighting can be used for the following:

- To support center-based programs provided by the LEAs or AEAs
- Tuition to community-based early childhood centers
- Transportation to appropriate placements
- **Other necessary special education costs.**
- ***These funds cannot be used to provide child care.***

Every Iowa school child generates a 1.0 weighted factor based on the average district cost per pupil. For example, if the per pupil allocation for a student's regular education is $3,806 that amount would form the basis for calculations for special education children of all ages.

From the amount generated by each special education child, the school district will utilize a percent of the first 1.0 factor for items such as operation and general maintenance of classrooms, regular transportation and administration. If a child is weighted 2.35, 32% of the 1.0 money and all of the additional 1.35 appropriation is considered the excess costs for providing a special program. Special education funds are subject to separate accounting procedures which are outlined by the Iowa Department of Education, Bureau of Special Education. Documentation of expenditures are included in the Secretary's Annual Report, which is submitted annually to the Department of Education.

Many preschool-aged special education children attend classes on a part-time basis. If a child is part-time (less than twenty hours per week) and is in the mild/moderate range, the weighting would be 1.68. The district will receive the full 1.0 for this child as would be true for a kindergarten student who may only attend half days or on alternate days. After subtracting the 1.0 from the 1.68, the .68 factor represents the special funding. To determine the amount of funds to be generated by a part-time mild/moderate child, 1.68 would be multiplied by the home district's per pupil cost. If the district's average per pupil cost was $3,800, the part-time special education preschool formula would generate $6,384 (1.68 x $3,800).

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Although state and local funds are generated on a child specific basis, these funds are pooled to be used for all special education programs operated by a district. Districts may find it necessary to spend more funds than generated on some students and less than generated on others. If the total special education funds generated by the district are not required to provide appropriate special education programs, a portion of the balance reverts back to the state.

Districts who have a negative special education balance may appeal to the Budget Review Committee for a supplemental aid payment. These aid payments are made from the district's positive balances returned to the state on a pro-rated basis. The remainder of the negative special education balance in a district may be funded either through the district's unexpended cash reserve or through a local tax levy. Either positive or negative special education fund balances thus become "0" at the end of each fiscal year by the mechanisms described in preceding paragraphs.

✧ Federal Funding

Federal funding used for early childhood special education and related services is from two sources. IDEA, Part B, monies are allocated to the AEAs based on the total number of children with disabilities ages 3-21 served by that agency. IDEA, Part B, Section 619 funds are designated to serve children 3-5 years and the state entitlement is based on the total number of 3-5 years olds receiving special education and/or related services as per the December 1 count.

✧ Guidelines for Funding ECSE Services Provided in Integrated Settings

Determination of the extent of participation in the general education setting is mandated for all children identified as eligible for ECSE. The staffing team identifies each service on the child's individual IFSP or IEP, including the program model and type of service to be provided, the professionals responsible for providing the instructional interventions, the support services required, and the person who will monitor the child's IFSP or IEP. The team may decide that the child's special education services are to be provided in a community-based early childhood setting. The costs for integration depends on what is identified on the IFSP or IEP.

Services generally required include:

- Special education instruction and monitoring of the IFSP/IEP in the community-based early childhood center by a licensed early childhood special education professional
- Special education support services, e.g., occupational therapy, physical therapy, speech language therapy
- Tuition costs of the community-based early childhood center for providing special education instruction within a general education environment
- Transportation to and from the center.

Many program alternatives do not require additional funding to support integration in community early childhood programs. For example, Head Start is required by federal guidelines to include a ten percent population of young children with disabilities in their programs. Other programs such as CDCC At-Risk, kindergarten, and co-location programs typically do not require tuition payment to support the integration of children with disabilities. These integration opportunities can generally be funded through existing funding mechanisms, but may require separate accounting procedures and interagency agreements.

It is projected that increasing numbers of young children with disabilities will be served in community-based early childhood centers. If the staffing team determines that a fee-based early childhood center is the appropriate placement, all services delineated on the IFSP/IEP must still be provided at no cost to the parents. Actual costs to attend such a program may be funded through the utilization of special education funds. Fee-based community early childhood options may include the following charges to the LEA or AEA:

- Tuition
- Funding for substitutes or overtime to enable personnel to attend staffings, parent conferences, and staff development activities that are specific to the needs of the special education student
- Transportation to and from the center

Additional expenditures may include:

- Expenditures for assistive technology devices specified on the IFSP/IEP
- Additional personnel required to maintain the child with a disability in the integrated setting, such as aides assigned to assist the child
- Special education personnel to provide and monitor services as required by the IFSP or IEP

Funding limitations include the following:

- LEAs and AEAs cannot provide child care as part of the child's free appropriate education;
- Agencies cannot use public funds to support special education integrated placements in nonpublic schools.
- Agencies cannot use public funds to support integrated special education placements in community-based programs located in private facilities unless the programs meets the following conditions:
  a. The program maintains a nonsectarian board of directors;
  b. The program is separately incorporated from any religious institution;
  c. All proceeds and debts are the property of that corporation;
  d. The program pays reasonable rent;
  e. The facility does not display religious symbols; and
  f. No part of the program's curriculum is religious in nature.

✧ Guidelines for Funding Reverse Integration Pilot Models

A reverse integration program enrolls children without disabilities in an ECSE classroom for the purpose of providing opportunities for integration of children with disabilities. It is possible under certain conditions for children without disabilities to participate in ECSE classrooms that are implementing a reverse integration model. The following points regarding funding are offered as clarification for districts and AEAs implementing reverse integration programs.

1. LEAs or AEAs may charge tuition for children without disabilities. The amount and mechanisms for collection is to be locally determined.
2. LEAs or AEAs may not e special education funds to transport children without disabilities. Districts may choose to transport children without disabilities using funding sources other than special education funds.
3. LEAs or AEAs may use special education funds to hire the additional aide to enable them to implement integration as a component of the special education program.
4. In the event that an additional aide is already employed to meet the needs of children with severe disabilities, that aide may be considered to be the additional staff member required to implement reverse integration if the total class size exceeds 12. Consideration must be made as to whether it is realistic for one person to perform the role of supporting the severely disabled child and meeting the needs of the additional non-disabled peers.

✦ CONTRACTING WITH A COMMUNITY-BASED CENTER TO PROVIDE SERVICES TO YOUNG CHILDREN WITH DISABILITIES

Special education instructional and support funds may be used to provide integrated ECSE programs and services. These services can only be provided through a contractual agreement between the AEA or LEA and the community-based early childhood program. Public and private preschools may be used as a special education placement if they meet all requirements and are operated by a program or agency other than those nonpublic schools listed in the *Iowa Educational Directory*. AEAs and LEAs shall not use public funds to support special education placements in community-based early childhood programs located in private facilities unless the program is able to meet the conditions outlined previously in this document. These conditions must be documented in a signed contract or cooperative agreement.

Appropriate representatives from the two institutions should meet to develop a written interagency contract. The AEA or LEA is responsible for negotiating the contract with the community-based center. Participants at this meeting should:

1. Review the IFSP outcomes or the IEP goals and objectives to determine whether the center can indeed provide the necessary setting to meet these goals;
2. Determine the types of support the center needs and is willing to receive from the LEA or AEA;
3. Discuss procedures for the annual review, although the review process may be initiated any time deemed necessary by the parents, the center, or the special education personnel;
4. Discuss expectations of the LEA or AEA, parents, and the center; and
5. Inform all parties that if the center cannot provide an appropriate program for the child or if the child no longer qualifies for special education, the contract will be discontinued.

✧ Contract Components

The components of the contract are:

1. Verification that the site holds a current Department of Human Services license to operate a child-care center;

2. Verification that the Questionnaire (located in the appendix of the Iowa Procedures for the Provision of Early Childhood Special Education Programs and Services in the Least Restrictive Environment) for Determining the Feasibility of Special Education Placements in Community-Based Early Childhood Programs has been completed, and the appropriate LEA or AEA administrator has determined that the site meets the criteria for use as a special education placement;

3. Documentation of the commitment being made by all involved parties;

4. Assurances that provision will be made as needed to accommodate the child's special needs. Areas that may be addressed are:

   - frequency, degree, and duration of services to be provided and other areas to be coordinated with special education instructional or support staff
   - willingness to implement strategies and methods needed to implement the IFSP/IEP outcomes or goals and objectives and to facilitate social interaction
   - commitment to participate in training regarding strategies, methods, and accommodations that will meet the needs of the child with disabilities
   - need for the measurement of child outcomes, and methods for documenting the progress of the child at various junctures of participation in the program;

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5. Assurances that opportunities for parent involvement will be provided through staffings, parent conferences, visitation, observation, and participation in parent groups, as appropriate;

6. Tuition specifications:
   - tuition rates for time enrolled for special education and actual costs for additional expenses
   - agency that will pay tuition
   - schedule for payment
   - schedule for frequency and duration of services;

7. Emergency procedures: **All** parties should review the emergency procedures in place at the center. If the child with a disability has a physical disability, medical condition, or unique needs that may have implications in an emergency, an individualized written plan for emergency procedures must be developed. The plan should identify reasonable and proper actions to be taken in an emergency, and who is responsible for implementing the procedures. The emergency plan should include:
   a. a protocol for managing a child-specific health emergency
   b. designated personnel (immediate and back-up) in the center who have been trained to deal with the emergency
   c. designated personnel in the community who have been notified that the child with health care needs is attending the school
   d. a plan for any special needs required for transportation to a hospital

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e. a summary of the child's medical or physical condition and needs on file at the local hospital emergency room

f. procedures for maintaining a written record following the emergency, including observation, actions, and time

g. a method of alerting the staff that there is an emergency situation in the building

h. a method to alert children with sensory impairments that there is an emergency in the building

i. a plan on how to contact emergency personnel, the family, and health care providers. Emergency phone numbers should be posted

j. a procedure for maintaining emergency care that include: parent signatures, daytime telephone numbers of parents, numbers for others to be called if parents cannot contacted.

8. required assurances if programs are located in private facilities.

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✦ THE AMERICANS WITH DISABILITIES ACT AND ITS RELATIONSHIP TO ECSE PROGRAMS

In response to widespread discrimination against individuals with disabilities, Congress passed the Americans with Disabilities Act (ADA) in 1990. The intent of this law is to protect individuals with disabilities from discrimination and allow them to participate fully in all aspects of life in their local communities. Specifically, ADA bans discrimination in the following four areas:

Employment (Title I). Employers cannot discriminate against a qualified individual with a disability and must provide reasonable accommodations unless an undue hardship would be required on the part of the employer.

State and Local Governments (Title II). State and local governments cannot discriminate against individuals when hiring employees, awarding contracts, or providing services. Public transportation must be provided at a comparable level for individuals with disabilities.

Public Accommodations and Commercial Facilities (Title III). Equal opportunity must be afforded for individuals with disabilities to enjoy goods, services, and facilities in public accommodations and facilities. Public accommodations that provide transportation for their clients must also provide equivalent transportation for individuals with disabilities.

Telecommunications (Title IV). Telephone and television companies must provide services to individuals with hearing and speech impairments.

❖ The Impact of ADA on Services to Young Children with Disabilities and Their Families

ADA is viewed as an important mechanism in opening the door to full inclusion for young children with disabilities. Community-based early childhood centers and child care homes are directly impacted by this Act. Several sections of ADA will affect services to young children with disabilities. ADA pushes community-based early childhood centers to move toward the inclusion of young children with disabilities.

Title I (Employment). Community-based early childhood centers that employ 15 or more employees may not discriminate against an individual with a disability in hiring practices.

Title II (State and Local Government Services). Centers or programs receiving state or local government funds whether through contracts or grants must not discriminate against children or families on the basis of a disability in offering individuals the opportunity to participate in their program, activity, or service.

Title III (Place of Public Accommodations or Commercial Facilities). Title III probably has the greatest impact on services that are provided to young children with disabilities. ADA requires that privately operated community-based centers or family child care homes must provide equal opportunity for children with disabilities and their families to participate in their programs or services. Community-based early childhood centers must address enrollment policies, operating policies and procedures, physical accessibility of the facility, and communication aids to ensure equal opportunity for participation by young children with disabilities.

Enrollment Policies. Eligibility criteria of community-based centers cannot screen out children with disabilities. A center is required to modify or change policies that would deny enrollment to a child or family on the basis of a disability. For example, centers that refuse to accept children with behavioral problems would have to change this policy. A center also cannot

refuse to accept a child because a family member has a disability.

Policies, Practices, and Procedures. A community-based center must review its day-to-day operating procedures and make reasonable changes in daily activities and procedures to include children, parents, and others with disabilities (Doggett & George, 1993). Regular activities within the center must be accessible to children with disabilities. However, if changes would "fundamentally alter" the essential nature of the services that are provided by the center, these changes would not be required.

Barrier Removal. A community-based center must remove physical barriers that prevent accessibility to the center by children or parents with disabilities. New or altered facilities must be "readily accessible." If barrier removal is not "readily achievable," then centers are not required to undertake facility renovation, but are expected to provide alternatives to the removal of the barrier.

Use of Auxiliary Aids and Services. Community-based centers are expected to provide auxiliary aids and services to ensure effective communication with children or parents who have vision, hearing, speech, or cognitive disabilities. If the center can demonstrate that the aid or service is too costly and would place an undue burden on the center, then it will not be required. Centers are not expected to provide prescribed hearing aids or eyeglasses for children with disabilities.

Exempt Organizations. All religious entities are exempt from Title III requirements. For a community-based early childhood center to be exempt from Title III, the center must be controlled by a religious organization. AEAs and LEAs cannot use public funds to support special education integrated placements in nonpublic schools. Agencies cannot use public funds to support integrated special education placements in community-based programs located in private facilities such as churches unless the programs meet the conditions outlined previously in this document.

Inclusion of children with disabilities works best when communities and schools collaborate to meet the unique needs of individual children. ADA can guide community-based early childhood centers in facilitating the full participation of

young children with disabilities in local community life.

✦ REQUESTING A SPECIAL EDUCATION HEARING

Children with disabilities are guaranteed a free appropriate public education. Parents are to be partners with educators in determining the child's educational plan. When disputes arise regarding the appropriateness of the child's educational program, parents are entitled to due process. Differences of opinion regarding the appropriateness of a district's or AEA's evaluation of a child's placement in special education or the implementation of the child's IFSP or IEP should not be ignored. Every attempt should be made to resolve these differences as soon as they arise. Educators and parents should try to discuss concerns openly and informally in order to resolve their differences. However, when disputes cannot be settled at the local level, appeal processes have been delineated by the state.

✧ Due Process Rights

Four formal due process procedures are available in the state of Iowa. They include: (1) complaint, (2) pre-appeal, (3) mediation, and (4) hearing. A description of each is provided.

✱ Complaint

Obviously, the key to the resolution of a complaint involves ongoing two-way communication. If a person is seeking change, the individual will need to communicate with people who have authority to bring about change. Parents, when trying to resolve differences, are encouraged to work through the "chain of command" and resolve problems at the lowest level possible. Because the chain can vary from district to district and AEA, a parent will need to obtain the names of individuals to contact. The district contacts may be:

1. Classroom teacher or teachers
2. Building principal
3. District special education coordinator
4. Superintendent

The AEA personnel chain of command might include:

- Special education support staff, such as the consultant, school psychologist, or school social worker
- Support supervisor and/or assistant director
- Special education director

Because the local district and AEA work closely together, personnel from both agencies might be involved at any point in the process.

Parents, district personnel, and AEA staff may use the Bureau of Special Education, Iowa Department of Education to help resolve differences. Anyone can request clarification or interpretation of laws, regulations, or rules. Also, an individual can request assistance with problem solving regarding programs and services for students with disabilities.

If a person is considering filing a written formal complaint with the Complaint Officer, Bureau of Special Education, Department of Education (515-281-3176), the issue or issues of concern must involve perceived special education rule violations. The Complaint Officer cannot investigate issues involving personnel matters nor differences of opinion between parents and educators.

The distinction between a perceived violation and educators exercising their professional judgment is sometimes difficult to determine.

The following is a quiz to give the reader an opportunity to try to determine which of the following examples are complaints (violations) and which are professional judgment issues:

1. The parent is dissatisfied with the type of curriculum being used in the special education classroom.
2. The IEP states the speech and language pathologist will work directly with a child two days a week. However, the person consistently comes one day a week.
3. The regular classroom teacher doesn't make as many changes and adaptations as the parents think should be made.
4. The child receives a shortened school day compared to the other students because of transportation problems.
5. The parent believes the special education teacher is incompetent and wants him or her fired.
6. The early childhood special education child is transported more than 60 minutes each route to school.

Here are the answers:

1. ***Professional judgment.*** Nothing in the rules or regulations deals with specific programs to be used.
2. ***Complaint.*** Anything on the IEP must be followed.
3. ***Professional judgment.*** If the IEP does not outline the accommodations the regular classroom teacher must use, the complaint process cannot be applied.
4. ***Complaint.*** A child can never receive a shortened school day based solely on transportation problems.
5. ***Professional judgment.*** Personnel matters such as this are outside the authority of the Complaint Officer.
6. ***Complaint.*** According to Iowa rules, a preschool child cannot be transported more than 60 minutes unless the parents give prior consent.

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According to state rules and federal regulations, the complaint must be submitted to the Complaint Officer in writing and should describe in detail the perceived violation. The Complaint Officer, in most situations, is required to investigate the complaint within 60 calendar days. If the Complaint Officer regards the issue as a complaint because of a possible violation, the appropriate AEA Director of Special Education will be contacted and asked for assistance in the investigation. If the violation is confirmed, the violation must be corrected within an agreed upon reasonable time. If the AEA Director reports no violation, the Complaint Officer maintains the right to investigate further. All parties will be contacted with the written findings of the Complaint Officer. Either party has a right to request the Secretary of the United States Department of Education to review the department's final decision.

If the issue involves professional judgment, the parent can request another form of due process such as a preappeal, mediation, or hearing.

✱ Preappeal

When the problem can't be resolved at the local level, the pre-appeal conference, a voluntary process, may be considered. The parent or guardian, the local district, or the AEA can request this review. Sometimes, parents and districts file jointly to the Bureau.

The request for a pre-appeal must be written and sent to the Consultant, Special Education Consumer Relations, who also is the Complaint Officer.

The issues must be identified and involve: (1) identification, (2) evaluation, (3) placement, or (4) the provision of a free appropriate public education. The purpose of the pre-appeal conference is to clarify the issues in the dispute, enhance communication, and ensure that procedural safeguards have been followed.

When the request for a pre-appeal is received, all parties will be contacted to schedule a mutually acceptable meeting time and place. The location usually will be determined by the parent, although most are held in the resident district's administrative board room. The district or AEA will be asked to submit a checklist prior to the conference. This checklist includes basic information such as the pupil's name, birth date, disability, weighting and placement. The agency also will be asked to send a copy of the most recent staffing report and IEP.

Besides the mediator, one other representative from the DE Bureau of Special Education will attend the conference. For example, if the child is in an early childhood special education program, the consultant for early childhood will attend. If the focus of the dispute is on something other than the disability, such as suspension or expulsion, a consultant with expertise in that area will attend.

When the parents or other parties enter the room for a preappeal, every attempt is made to set the stage for resolving differences. Introductions will be made so that all will know who each person is in attendance and the role that person plays in the preappeal. The role of the two DE members is to remain neutral, facilitate communications, clarify issues regarding rules and law, and explore alternative solutions. Although suggestions or recommendations may be offered by these individuals, neither will be decision makers.

Next, who ever requested the preappeal will be asked to explain the concerns and the results the party is seeking. The other party will be asked to clarify any positions regarding the identified concerns. Time will be spent discussing these issues, with a chance for all to interact. It is during the discussion time that every attempt is made to resolve differences. If the discussion period does not appear to narrow the differences, a caucus is held. At that time, the parent and anyone with the parent, will be in one room, and the district and AEA staff will be in another (if the district and AEA agree). The DE staff will start with either the parents or the district and AEA, depending on the situation and begin negotiations.

The length of a preappeal conference varies. The shortest preappeals are about two hours long, with some lasting eight or nine hours. When a preappeal is scheduled, it is best to clear all calendars for the rest of the day.

If a determination is made that no agreement can be rendered, the preappeal conference is terminated. DE staff will make certain that all have an understanding of due process options still available. This review will in no way affect a party's right to a formal process which may include a hearing.

If an agreement is reached, a written summary is prepared by the DE and disseminated within 10 working days to all parties involved. The agreement is voluntary and any party can elect to dissolve the agreement at any time. The party who initially filed the preappeal is responsible for requesting a dismissal when the individual believes it is appropriate.

The preappeal conference appears to be an extremely effective way to resolve differences that cannot be resolved at the local level. Although the success rate is not 100%, experience has shown that agreements are attained in a majority of the cases. If parties are interested in a win/win situation, this process is recommended.

* Mediation

A mediation is available only after a party has requested a hearing. All pertinent individuals will be contacted by the Consultant of Consumer Relations to determine whether they wish to participate in a mediation conference. Such involvement is totally voluntary. The advantage of a mediation conference compared to a hearing is that all parties still have an opportunity to resolve disagreements and differences in an informal meeting. In a hearing, an administrative law judge renders a final decision.

A mediation will be scheduled at a time and place agreeable to all involved parties. The mediation in no way will deny or delay a party's right to a full due process hearing. Also, the conference proceedings and offers of compromise during the mediation shall not be entered as arguments or evidence in a hearing.

What is the main difference between a pre-appeal and a mediation? The following table addresses the question:

	PRE-APPEAL	MEDIATION
* Write letter and identify issues (identification, evaluation, placement, or appropriateness of program	X	X
* Hearing date scheduled		X
* School sends most current IEP and staffing report to Department of Education (DE)	X	X
* School sends **all** educational records to DE		X
* Purpose: clarify the issues, enhance communication, and ensure procedural safeguards followed	X	X
* Any party can elect to dissolve the agreement	X	X
* Length of conference: 2-9 hours	X	X
* Attorneys may or may not be present	X	X

At the actual preappeal or mediation conference, the process is identical. This process is reviewed:

1. Besides the Consultant of Consumer Relations, one other representative from the Bureau of Special Education will attend the conference. Their role is to remain neutral, facilitate communication, clarify issues regarding rules and law, and explore alternative solutions. Although they may offer suggestions, neither will be a decision-maker.

2. After introductions, the party filing the appeal will be asked to explain the issues of concern. The other parties will be asked to clarify their positions regarding the identified concerns. A discussion will follow.

3. A caucus is held when one party requests it or the mediator decides it may be useful to help reach resolution. Parents will be in one room and typically the district and AEA participants will be together in another. The DE representatives will go from room to room attempting to reach an agreement between all parties.

4. If an agreement is reached, a written summary is prepared by the DE and sent to all parties in attendance within 10 working days. If an agreement is not reached, written summaries are not prepared. If the meeting is a mediation, the hearing will proceed on the date scheduled unless there is a request for a continuance.

✱ Hearing

Although no party is required to participate in a preappeal or a mediation before a formal hearing is held before an administrative law judge, such participation is encouraged. Most people hold the position that a hearing should be considered a "last resort" when trying to resolve differences. In conflict resolution, a win/win situation is usually preferred to a win/lose circumstance. In a hearing, one party usually prevails, i.e. someone wins and someone loses, although the results may be mixed, when reviewed issue by issue. A hearing does not always guarantee future success for the pupil.

To initiate a hearing, the request must:

a. be a written statement

b. clearly state the issue

c. identify the individual, district, and AEA

This statement must be sent to:

Director
Department of Education
Grimes State Office Building
Des Moines, Iowa 50319-0146

The department shall notify parents of the availability of low cost or free legal and advocacy assistance.

The hearing is chaired by one of six administrative law judges. The proceeding is recorded by both a tape recorder and a court reporter. Tapes from the recorder may be copied at no cost for the parents or school district (or AEA) if desired. Anyone seeking a transcript from the court reporter would need to pay the costs charged by the agency providing the reporter.

A hearing decision is written by the administrative law judge and this becomes public information, with the text of the decision disseminated widely. To protect confidentiality, the pupil's first name and last initial are used, as well as the resident district and AEA. This decision is final unless the party who is aggrieved by the findings in the decision brings civil action.

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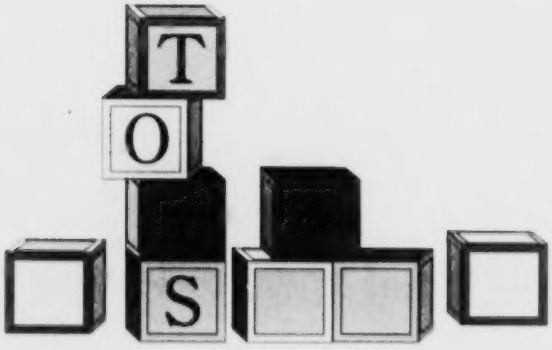

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ECSE HANDBOOK

IOWA DEPARTMENT OF EDUCATION RESOURCES

Clary, J.T., Hansen, D., Sullivan, M. & Tilly, D. (1994). Early childhood special education, least restrictive environment study, three through five year olds. Des Moines: Iowa Department of Education, Bureau of Special Education.

This study examined the prevalence of different educational program models that were being used in Iowa to provide ECSE to children ages 3 through 5 years. It also investigated the degree to which children in ECSE programs received special education services in settings with nondisabled peers. Findings indicated that the most prevalent program models were (a) co-located special education programs and self-contained ECSE programs. A large majority of children in this study (66.4 percent) received less than 10 percent of their special education services in setting with their nondisabled peers.

Hansen, D.R. (1993). A planning guide for integrating young children with disabilities into community-based early childhood programs. Des Moines, IA: Iowa Early Childhood Special Education, Technical Assistance Network, Iowa Department of Education, Bureau of Special Education & Iowa State University.

This guide provides a framework for quality integration of young children with disabilities into community-based early childhood programs. It outlines a process for communication, decision making, planning, and problem solving among parents, community-based early childhood staff members, and early childhood special education personnel. Specific strategies for accommodating the needs of young children with disabilities in community-based early childhood programs are discussed. An observation system for prioritizing objectives and planning accommodations for integration of young children with disabilities into community-based early childhood programs is described.

Iowa Department of Education, The Iowa Head Start Directors' Association, Region VII Department of Health and Human Services, Administration for Children and Families, Head Start and Youth Branch, & Region VII Resource Access Project. (1995). Memorandum of Agreement. Des Moines, IA: Iowa Department of Education.

This document outlines the agreement between the Iowa Department of Education, the Region VII Office of Family Supportive Services, and the Iowa Head Start Director's Association. The purpose of the agreement is to strengthen the alliance among these agencies and provide guidance for collaboration among Head Start programs, Migrant Head Start programs, and Local Education Agencies, Area Education Agencies, and the Bureau of Special Education, Department of Education in Iowa. Specific agency responsibilities and the areas of collaboration are described.

Iowa Department of Education. (1993). Iowa procedures for the provision of early childhood special education program and services in the least restrictive environment. Des Moines, IA: Iowa Department of Education, Bureau of Special Education.

This publication identifies the general education programs and environments that may be considered in LRE placements for children with disabilities under the age of six. The steps to be followed in the process of developing IEP goals and objectives as well as specific strategies addressing the planning for and funding of young children with disabilities who will receive services in general education environments is outlined. Development of contracts with community-based early childhood centers is outlined. Procedures for determining feasibility of special education placements in community-based early childhood programs are identified.

Iowa Department of Education. (1996). Taking the next steps together for children birth through age eight in Iowa. Des Moines, IA: Iowa Department of Education.

This publication is designed to facilitate smooth transitions throughout early childhood. Material is included to help the reader to better understand the key elements of transition as well as the implications of transition for young children and their families. Tools and strategies for implementing successful transitions are identified.

Doggett, L. & George, J. (1993). All kids count: Child Care and the Americans with Disabilities Act (ADA) Arlington, TX: The Arc.

This guide assists child care providers in successfully including children with disabilities in regular community-based early childhood programs. It offers an overview of the Americans with Disabilities Act (ADA) with practical suggestions to help child care providers comply with this mandate. Practical solutions to common problems encountered in the inclusion of young children with disabilities are identified. In addition to discussion of the general steps toward the successful inclusion of young children with disabilities, individual inclusion plans for specific case studies of individual young children with disabilities are provided.

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